

<b>Case Number:</b>	CM14-0065206		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Chiropractor and Acupuncturist and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old female who reported neck and left shoulder pain from an injury sustained on 12/26/11 while doing her usual and customary duties of repetitive lifting and carrying boxes of groceries. X-rays of the left shoulder date 04/05/12 was unremarkable. MRI of the left shoulder dated 07/26/12 revealed mild degenerative changes of the AC joint; mild bursitis; mild tendinosis of supraspinatus and subscapularis tendon. MRI of the cervical spine dated 11/29/12 revealed reversal of normal cervical lordosis, minimal disc desiccation at several levels. Electrodiagnostic studies dated 07/16/13 revealed bilateral carpal tunnel syndrome. Patient is diagnosed with cervical spine sprain/strain; left shoulder tendinitis and impingement syndrome; left elbow lateral epicondylitis and left wrist tendinitis. Patient has been treated with medication and physical therapy. Per medical notes dated 03/21/14, patient complains of neck pain, left shoulder pain that radiates down to shoulder blade, left elbow and left wrist pain. Examination revealed decreased sensation and strength and decreased range of motion with tenderness to palpation. Provider is requesting initial trial of 12 acupuncture treatments which was modified to 6 treatments by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture treatment 2 x 6 to left shoulder and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the Acupuncture Medical Treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider is requesting initial trial of 2X6 acupuncture treatments which were modified to 6 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.