

<b>Case Number:</b>	CM14-0154512		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Board Certified in Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of December 14, 2009. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for six sessions of acupuncture. The claims administrator suggested that the applicant was off of work as of multiple progress notes throughout 2013. The claims administrator stated that its decision was based on a September 4, 2014 progress note. The claims administrator stated that the applicant had had at least 10 sessions of acupuncture authorized. The claims administrator invoked the now-outdated, now-renumbered 2007 Acupuncture Medical Treatment Guidelines in its rationale. Six sessions of acupuncture were sought via an RFA form dated September 4, 2014. It appeared that the applicant reported multifocal complaints of back, neck, knee, elbow, and shoulder pain. In an accompanying progress note dated September 4, 2014, the applicant was placed off of work, on total temporary disability, through October 9, 2014. Tramadol and naproxen were renewed while the applicant was asked to continue acupuncture and independent home exercises. The attending provider did seemingly suggest that the applicant was using tramadol and naproxen on a daily basis and did suggest that the applicant had had prior acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 X 3, Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** No, the request for six sessions of acupuncture is not medically necessary, medically appropriate, or indicated here. The request in question does represent a renewal or repeat request for acupuncture, both the attending provider and claims administrator have acknowledged. While the Acupuncture Medical Treatment Guidelines MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined as section 9792.20f, in this case, however, there has been no such demonstration of functional improvement despite completion of earlier unspecified amounts of acupuncture. The applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.