

<b>Case Number:</b>	CM14-0193430		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Chiropractic, has a subspecialty in Acupuncture 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:

This 52 year old woman sustained an industrial injury on 7/28/2008 resulting in injuries to the cervical spine and right shoulder. Diagnoses include shoulder strain, rotator cuff tendonitis/bursitis, myofascial strain, bilateral wrist strain, bilateral hand strain, repetitive stress injury, and De Quervain's Tenosynovitis. There are no radiologic examinations available for review. Treatments have included oral medications and acupuncture. There is noting that the worker "responded well" to acupuncture in the past without documentation of time frames or number of sessions. Physician notes dated 11/4/2014, detail a complete neck and shoulder exam which shows the neck with guarded ROM secondary to pain and spasm, bilateral shoulders with minimally limited ROM with guarding. No evidence of impingement, and positive complaints of diffuse bilateral shoulder pain with all maneuvers. The worker is currently working on modified duty. On 10/28/2014, Utilization Review evaluated a prescription for acupuncture to the cervical spine, quantity 6. The physician noted that there was a lack of documentation of previous treatments and efficacy, history, or physical exam, which could have impacted the provider's decision to order acupuncture. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the Cervical Spine, quantity 6: Upheld**

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had acupuncture in the past. The patient stated that acupuncture has helped decreased overall pain, improve activities of daily living, and decrease the daily amount of medications. There was no documentation of the type and amount of reduced medications in the progress report. There was no documentation of objective functional improvement in the recent progress report. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.