

<b>Case Number:</b>	CM14-0205500		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 licensed in Chiropractor (DC), 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:

Claimant is a 47 year old male who sustained a work related injury on 7/12/2012. Four acupuncture treatments were authorized on 11/11/2014. Prior treatment includes localized intense neurostimulation therapy, physical therapy, chiropractic, and medications. Per a Pr-2 dated 10/21/2014, the claimant has neck, mid back low back, shoulder, elbow, wrist/hands, knee, and foot ankle pain. His diagnoses are cervical/thoracic/lumbar/wrists/shoulder/arm/elbow/forearm/knee/leg spine sprain/strain, right shoulder tendonitis, and left shoulder tendonitis. He is working modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Infrared, Electric Acupuncture 15 Minutes, 3x4. Body Parts: Multiple:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The

claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial; therefore, is not medically necessary.