

<b>Case Number:</b>	CM14-0206114		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Board Certified in Acupuncturist, has a subspecialty in Chiropractor (DC) 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 33 year old male who reports pain in his right shoulder, right ankle and low back resulting from a work related injury on 08/17/2013. Patient fell from a ladder onto a outstretched right upper extremity. Patient is diagnosed with cervical sprain/strain, lumbar spine sprain/strain, right shoulder rotator cuff injury status post-surgery on November 12, 2013, right ankle sprain status post-surgery on February 18, 2014, right arm strain, right wrist strain and lumbar disc displacement. Per requesting physician's notes dated 11/19/2014 patient complain of ongoing pain in his right shoulder, right upper extremity, neck and right ankle pain. Examination reveals tenderness to palpation with some swelling in the right wrist. There is pain with flexion and extension of the wrist. There is pain with range of motion in the right ankle. There is tenderness to palpation with painful range of motion in the right shoulder. Patient has been treated with medication, acupuncture, peripheral nerve block, right shoulder and right ankle surgery. Primary treating physician requested 12 additional visits which were denied. The patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of electro-acupuncture for cervical spine, lumbar spine, right arm/shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "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 had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 additional visits are not medically necessary.