

<b>Case Number:</b>	CM14-0047455		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 64 year old female, who sustained an industrial injury on 5-3-10. The injured worker has complaints of left upper extremity pain. The documentation noted that there is positive impingement sign, positive supraspinatus sign, negative apprehension test, positive acromioclavicular (AC) joint tenderness and positive crepitus. There is mild tenderness to palpation of the left paracervical, levator scapulae, trapezius and parascapular muscles. The diagnoses have included left upper extremity C8 cervical radiculopathy (numbness ulnar 3 digits left hand). Treatment to date has included norco; soma; tramadol HCL; trazodone; left shoulder X-rays showed type 11 acromion, left shoulder, adequate acromioclavicular joint space, left shoulder negative for fracture, dislocation, subluxation or joint space narrowing; cervical spine X-rays showed negative for fracture, dislocation, subluxation or disc space narrowing and magnetic resonance imaging (MRI) of the left shoulder showed severe degenerative joint disease acromioclavicular joint with inferior hypertrophic spur, left. The request was for acupuncture 1 x week x 6 weeks cervical. Per a Pr-2 dated 11/15/2013, the claimant has had injection, acupuncture and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x week x 6 weeks cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 of unknown quantity and duration with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.