

<b>Case Number:</b>	CM15-0005075		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 08/18/2011. She has reported bilateral shoulder pain. The diagnoses have included right wrist fracture, cervical strain, and right knee strain with moderate lateral joint arthritis. Treatment to date has included medications and limiting activities. Medications have included Norco, Flexeril, and Tylenol with Codeine. A progress report from the treating physician, dated 12/01/2014, documented a follow-up visit with the injured worker. The injured worker reported neck, spine, and right wrist pain; pain is described as moderate and constant, and radiates up to the head, neck, shoulder, and back; pain is rated 8/10 on the visual analog scale; and no change in the level of function during activity. Objective findings included tenderness to both shoulders, elbows, clavicle, trapezium, scapula, and lumbar spine. The treatment plan has included an MRI of the right shoulder; six sessions of acupuncture to the right shoulder; pain management; and follow-up evaluation in four weeks. On 12/30/2014 Utilization Review non-certified Acupuncture without stimulation 15 min., noting the lack of documentation that pain medication was being reduced or not tolerated, and that acupuncture was to be used as adjunct to a physical rehabilitation program. The MTUS, Acupuncture Guidelines was cited: Utilization Review non-certified an MRI joint, upper extremity without dye, noting the lack of documentation of significant change in symptoms and/or findings suggestive of significant pathology. The MTUS, ACOEM, Occupational Medical Practice Guidelines, Second Edition: Chapter 9 was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of Acupuncture without stimulation 15 min.; and for MRI joint, upper extremity without dye.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture w/o stimulation 15 min:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

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

**Decision rationale:** According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). According to the medical record submitted for review, the patient had six sessions of acupuncture to the right shoulder. However, there is no evidence of functional improvement or reduction in medication use. Guidelines recommended 3 to 6 sessions of acupuncture. More sessions could be requested if documentation of improvement. Therefore, the request of Acupuncture is not medically necessary.

**MRI joint, upper extremity w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore MRI joint, upper extremity w/o dye is not medically necessary.