

<b>Case Number:</b>	CM15-0006461		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: 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:

Claimant is a 54 year old female who was involved in a work related injury on 7/27/12. Six visits of acupuncture, six visits of chiropractic, and an orthopedic examination are being requested on 12/11/2014 by her treating physician who is a chiropractor. Per a Pr-2 dated 12/11/2014, she is doing better. Examination findings find improved right knee range of motion, strength and decreased pain. She has positive Apleys and shoulder compression tests and decreased range of motion and spasms in the left shoulder. Her diagnoses are neck sprain/strain, postoperative right knee pain, and left shoulder rotator cuff. She is not working. Prior treatment includes knee surgery, physical therapy, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 6 to the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. It is unclear whether the claimant had prior acupuncture. If the claimant had prior acupuncture, functional improvement must be documented to justify further acupuncture. If this is a request for an initial trial, the provider must also make clear that this is an initial trial and document functional deficits related to the cervical spine in order to justify acupuncture. Therefore acupuncture is not medically necessary based on the lack of documentation.