

<b>Case Number:</b>	CM15-0019050		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Ohio

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 53 year old female, who sustained an industrial injury on August 3, 2010. The injured worker has reported right shoulder pain. The diagnoses have included disorders of bursae and tendons in the shoulder region, unspecified and carpal tunnel syndrome. Treatment to date has included pain management, chiropractic, Cortisone injections, an MRI, physical therapy and acupuncture treatments. Current documentation dated December 30, 2014 notes that the injured worker reported increased pain in the right shoulder with radiation to the right arm. Associated symptoms include numbness and tingling of the right arm and right hand. Her average pain level was noted to be a five out of ten on the Visual Analogue Scale. Physical examination of the right shoulder revealed tenderness to palpation over the posterior aspect and a reduced range of motion of the arm with movements behind the back. A Hawkins Kennedy test and a crossed arm adduction test were positive. The injured worker had completed acupuncture treatments and notes that now the right shoulder pain is slowly getting worse. On January 13, 2015 Utilization Review non-certified a request for acupuncture treatments time nine. The MTUS, Acupuncture Medical treatment Guidelines, were cited. On February 2, 2015, the injured worker submitted an application for IMR for acupuncture treatments times nine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, quantity: 9, Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** Acupuncture medical treatment guidelines state that acupuncture treatments may be extended to functional improvements document. The patient has undergone at least 21 acupuncture visits. Treatment note dated 10/27/14 states that the upper disability questionnaire showed 16% improvement. Based on the outcome assessment form of the same date this improvement is only from the previous visit and does not reflect overall improvement score. The overall improvement score, according to the report, states that compared to the last assessment date the outcome score has increased suggesting the patient is regressing not improving. The report notes that between the initial assessment of 3/4/14 and the current assessment date of 10/27/14 the patient has actually regressed 19%. This would not reflect functional improvement. Based on the acupuncture medical treatment guidelines and the lack of functional improvement the request for nine visits of acupuncture is not medically necessary.