

<b>Case Number:</b>	CM15-0187531		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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:

The injured worker is a 49-year-old female who sustained an industrial injury on October 29, 2012. A post-operative orthopedic follow up visit dated August 07, 2015 reported subjective complaint of "mild pain in the cervical spine and some numbness over the tip of the fingers." She has been "improving progressively." She has been attending physical therapy. Objective assessment noted the left shoulder range of motion flexion at 115 degrees, abduction at 90 degrees and both internal and external rotation at 60 degrees. The assessment noted: left shoulder impingement syndrome, osteoarthritis of the acromioclavicular joint; status post arthroscopic examination and Mumford's procedure July 07, 2015; mild strain of the cervical spine; history of cervical discectomy and fusion, and mild numbness over the tip of the fingers. Previous treatment to include: activity modification, medication, therapy, acupuncture, psychiatric and chiropractic care. On August 17, 2015 a request was made for acupuncture session treating the left shoulder that was noncertified by Utilization review on August 27, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for acupuncture treatment to the left shoulder, quantity: 12 sessions, date of service: 03/31/15 through 06/04/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**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. Submitted notes are half written in Chinese and have no documented improvement. Since the provider fails to document objective functional improvement associated with acupuncture treatment, acupuncture requested is not medically necessary.