

<b>Case Number:</b>	CM15-0188720		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Montana  
 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 65 year old female, who sustained an industrial injury on 09-01-2005. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical facet syndrome, cervical radiculopathy, and bilateral carpal tunnel syndrome. Medical records (05-12-2015 to 08-25-2015) indicate ongoing low back pain, mid-line back pain, and neck pain radiating into the shoulders. Pain levels were not mentioned. Records also indicate difficulties with turning of the head making it difficult to drive, vertigo, gastritis and difficulty sleeping. Activity levels and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-25-2015, revealed a right-sided antalgic gait assisted with a cane, restricted range of motion (ROM) with flexion, abduction and passive elevation of the right shoulder due to pain, positive Hawkin's. Neer's and Speed's tests in the right shoulder only, tenderness to palpation of the acromioclavicular (AC) joint and biceps groove in the right shoulder, restricted ROM with flexion, extension, abduction and adduction of the left shoulder due to pain, tenderness to palpation in the AC joint biceps groove and trapezius on the left, tenderness to both elbows, and tenderness to palpation over the patella in the left knee. No changes noted from previous exam dated 05-12-2015. Previous treatments were not discussed. The PR and request for authorization (08-25-2015) shows that the following therapy was requested: 6 acupuncture visits. The original utilization review (09-07-2015) non-certified the request for 6 acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation ODG, Shoulder (Acute and Chronic ), Acupuncture.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for upper extremity which were non-certified by the utilization review. Per utilization review patient had functional improvement with prior Acupuncture; however, it was not sustained. There is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.