

<b>Case Number:</b>	CM15-0191813		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/28/2009
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 58 year old female who sustained an industrial injury on 11-28-09. The injured worker reported shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for left carpal tunnel syndrome, right carpal tunnel syndrome, left shoulder joint pain and repetitive strain injury. Medical records dated 5-22-15 indicate pain rated at 8 out of 10. Provider documentation dated 5-22-15 noted the work status as permanent modified work. Treatment has included electrodiagnostic studies (January 2015), left shoulder magnetic resonance imaging (January 2013), injection therapy, Norco since at least May of 2015, Gabapentin since at least May of 2015, Meloxicam since at least May of 2015 and wrist braces. Objective findings dated 5-22-15 were notable for bilateral shoulder joint tenderness with limited range of motion, tenderness to the lateral epicondyles and positive triggering to the right thumb. The original utilization review (9-9-15) denied a request for Acupuncture additional treatment 2 times per week for 3 weeks, both upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture additional treatment 2 times per week for 3 weeks, both upper extremities:**

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 extensive acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.