

<b>Case Number:</b>	CM15-0022922		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	06/13/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who reported injury on 06/13/2001. The mechanism of injury was not provided. The documentation of 01/20/2015 revealed the injured worker was having pain and discomfort in the left shoulder and low back. The injured worker had left shoulder positive tenderness to palpation with painful range of motion. The diagnoses included repetitive strain injury and status post carpal tunnel release surgery in 12/2004 for the right side and 05/2005 for the left side. The treatment plan included Duragesic patch 50 mcg every 48 hours, Naprosyn 500 mg 1 tablet at night, Neurontin 300 mg 1 per day, and Norco 10/325 mg twice a day for pain control. The documentation indicated the injured worker had beneficial effects from electroacupuncture therapy. The injured worker was able to perform more self care activities and walk better. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x8 visits for the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for 10 visits. The injury was reported on 06/13/2001. The clinical documentation submitted for review failed to indicate the prior therapies and the objective functional deficits to support the necessity for therapy. Given the above, the request for physical therapy x8 visits for the right upper extremity is not medically necessary.

**Electro-acupuncture x8 visits for the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had a clinically significant improvement in the activities of daily living. The clinical documentation submitted for review indicated the injured worker could do more self-care activities and walk better. However, there was a lack of documentation indicating the additional self-care activities that could be achieved and what 'walk better' means. Additionally, there was a lack of documentation indicating a necessity for 8 additional sessions. Given the above, the request for electroacupuncture x8 visits for the right upper extremity is not medically necessary.