

<b>Case Number:</b>	CM15-0023849		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: 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 was a 28 year old male, who sustained an industrial injury, January 3, 2011. The injury was sustained in a 20 foot fall and the injured worker landed on the left side, sustain injuries to the left arm and head. The injured workers pain was 2-3 out of 10 constant; 0 being no pain and 10 being the worse pain. The left shoulder pain was 2-4, intermittent pain and left elbow pain. The injured worker was diagnosed with status post left ulnar styloid process fracture, bilateral ankle sprains, and contusion of the left elbow, lumbosacral sprain/strain, left wrist traumatic osteoarthritis, depression, anxiety, sleep disturbance, head trauma, post-concussion syndrome, post traumatic seizures and post traumatic cephalgia. The injured worker previously received the following treatments Motrin, Ultram, psychiatric services, CT scan of the brain, MRI of the left shoulder, EEG (electroencephalogram) which was normal and physical therapy. November 10, 2014, the primary treating physician requested authorization for Acupuncture 2 times a week for 6 weeks to the left shoulder. On January 9, 2015, the Utilization Review denied authorization for Acupuncture 2 times a week for 6 weeks to the left shoulder. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After undergoing an unknown number of prior acupuncture sessions, additional acupuncture x 12 was requested for the treatment of multiple areas. The review of the records available showed no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with prior acupuncture to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.