

<b>Case Number:</b>	CM15-0217881		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 59 year old female with a date of injury on 08-27-2014. The injured worker is undergoing treatment for left upper arm contusion, left elbow contusion, left lower leg contusion and low back contusion. A physician progress note dated 09-24-2015 documents the injured worker complains of left shoulder pain and discomfort and rates her pain as 5 out of 10. Cervical spine range of motion is restricted and painful. Her left shoulder range of motion is decreased and painful and there is tenderness to palpation anteriorly and posteriorly. She is getting improvement from acupuncture and would benefit from more acupuncture. On 10/20/2015 the physician documents the injured worker is getting improvement from acupuncture and would benefit from more acupuncture. She has left shoulder pain and discomfort, and she rates her pain as 6 out of 10. Acupuncture notes done on 10-07-2015, 10-09-2015, 10-12-2015 documents the injured worker rates her pain as 6 out of 10 and has moderate improvement but symptoms persist and function remains limited. Treatment to date has included diagnostic studies, medications, physical therapy, and 16 acupuncture sessions. Current medications include Camphor-Methyl Salicylate-Menthol topical, Cyclobenzaprine, Ibuprofen, and Tramadol. The Request for Authorization dated 10-20-2015 includes additional acupuncture 2x wk for 3 weeks-6 sessions. On 10-28-2015 Utilization Review non-certified the request for 6 additional sessions of acupuncture for left upper arm, left elbow, left lower extremity and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional sessions of acupuncture for left upper arm, left elbow, left lower extremity and low back:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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.