

<b>Case Number:</b>	CM15-0037732		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 69-year-old male, who sustained an industrial injury on April 13, 2011. He has reported injury to the right wrist, right shoulder, neck, face, ear and eye due to cumulative trauma. The diagnoses have included repetitive strain injury, myofascial pain syndromes, right wrist tendonitis/strain, right shoulder strain, right frozen shoulder and right shoulder rotator cuff injury. Treatment to date has included diagnostic studies, exercises and medication. On February 17, 2015, the injured worker complained of constant wrist and shoulder pain on the right side. Range of motion was decreased on the right shoulder and in the cervical region. Physical examination of the cervical region revealed spasm, tenderness and trigger points. Examination of the right shoulder and wrist revealed tenderness and swelling. Wrist range of motion was full. On January 30, 2015, Utilization Review non-certified electro-acupuncture with infrared therapy and myofascial release, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of electro-acupuncture with infrared therapy and myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-acupuncture with infrared therapy and myofascial release: Upheld**

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

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

**Decision rationale:** The Acupuncture medical treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient had acupuncture in the past. However, there was no documentation of functional improvement with prior acupuncture. Therefore, the provider's request for electro-acupuncture with infrared and myofascial release is not medically necessary at this time.