

<b>Case Number:</b>	CM15-0055582		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/04/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 is a 45 year old female who sustained an industrial injury on Oct 4, 2000. The injured worker is status post right carpal tunnel release (no date documented). The injured worker was diagnosed with myofascial pain, chronic neck pain and rotator cuff tendinopathy. According to the primary treating physician's progress report on January 23, 2015, the injured worker continues to experience neck, shoulder and neuropathic pain. Examination demonstrated decreased range of motion of the shoulder secondary to pain with positive impingement signs. Neer and Hawkin's maneuver on the right are positive with decreased sensation to light touch in the medial and lateral arm. Current medications are listed as Tramadol, Gabapentin and Tizanidine. Treatment plan consists of the request for acupuncture therapy for myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture sessions for the neck:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has not have had acupuncture in the past. As the patient continued symptomatic despite previous care (oral medication, work modifications, among others) the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.