

<b>Case Number:</b>	CM15-0056657		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 41-year-old female, who sustained an industrial injury on 9/30/2013. She reported gradual onset of pain in the neck, right shoulder, and right hand/wrist due to repetitive duties. Diagnoses include cumulative trauma injury, cervical spine sprain/strain with radicular complaints, right shoulder strain with impingement, and right wrist/forearm tenosynovitis with carpal tunnel syndrome. Treatments to date include rest, medication therapy, physical therapy and therapeutic steroid injections. Currently, she complained of intermittent moderate right sided neck pain. On 2/11/15, the physical examination documented decreased cervical; range of motion, increased tenderness and decreased sensation noted on the right upper extremity around C5 and C7. The right shoulder was noted to have rotator cuff weakness and a positive impingement sign. The right wrist and hand was tender to palpation with positive Tinel's and Phalen's signs with decreased strength and decreased range of motion. The plan of care included a request for authorization of acupuncture therapy treatments. Prior acupuncture of 8 visits were certified on 12/23/13. No functional improvement was documented from acupuncture treatment on 2/17/14 and further acupuncture was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the Cervical Spine, Right Shoulder and Right Wrist, 2 times weekly for 4 weeks (8 sessions): Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.