MAXIMUS Federal Services

| Case Number: | CM15-0057968 | | |
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| Date Assigned: | 04/02/2015 | Date of Injury: | 04/26/2013 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

## 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: Physical Medicine & Rehabilitation

## 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 male, who sustained an industrial injury on 4/26/13. The diagnoses have included cervical sprain/strain, upper back strain/sprain and right shoulder sprain/strain. Treatment to date has included medications, activity modifications, acupuncture, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 3/10/15, the injured worker reports that she felt a little better and she had first acupuncture visit. She takes Acetaminophen as needed. The objective findings revealed pain and tightness of cervical spine, decreased range of motion in the right shoulder with minimal to moderate pain, and tenderness in the deltoid region. The physician noted an overall improvement, but slower than expected and she was encouraged to continue with Home Exercise Program (HEP), non-steroidal anti-inflammatory medication and acupuncture treatments. The physician requested treatment includes additional acupuncture two times three for the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture two times three for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The 44-year-old patient complains of pain in neck, shoulder and upper back, as per progress report dated 03/20/15. The request is for ADDITIONAL ACUPUNCTURE TWO TIMES THREE FOR THE RIGHT SHOULDER. The RFA for the case is dated 03/20/15, and the patient's date of injury is 04/26/13. Diagnoses included cervical spine sprain/strain, upper back sprain/strain, and shoulder/arm sprain. The patient is working with restrictions, as per the same progress report. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In this case, the patient has already had 4 visits of acupuncture, as per progress report dated 03/20/15. In the report, the treating physician states that "acupuncture is helping with pain control, function and learning home exercise program," and is therefore, requesting for 6 additional sessions. Although the physician is using general statements to demonstrate functional improvement, there is no indication of specific increase in ability to perform ADLs or change in work status. Additionally, there is no documentation of reduced dependence on medical treatments. Hence, the request IS NOT medically necessary.