

<b>Case Number:</b>	CM15-0083826		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 60-year-old male, who sustained an industrial/work injury on 1/9/13. He reported initial complaints of left chest pain. The injured worker was diagnosed as having left anterior chest wall contusion and carpal tunnel syndrome. Treatment to date has included medication, surgery (open heart), home exercise program, modified work. CT scan results of the chest were reported on 8/2/13 revealed post medial sternotomy, 1 cm enhancing lesion within the right lobe of the liver and no evidence of acute thoracic abnormality. Urine screen was negative for illicit and scheduled drugs on 4/18/14. Chest X-Ray results were reported on 1/10/13 and 5/3/13 was normal. Currently, the injured worker complains of left chest wall pain rated 3/10 that is aggravated with heavier lifting or increased activity and continues to work with permanent restrictions. Sleeping on the left side also aggravates the pain. Pain medication reduces pain level for better function. Per the primary physician's progress report (PR-2) on 4/21/15, gait is normal, no evidence of abnormality with skin or ecchymosis. The requested treatments include Acupuncture Sessions for Left Sided Chest Well, 12 sessions. Six acupuncture sessions were approved as a trial on 4/30/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Sessions for Left Sided Chest Well, 12 sessions:** Upheld

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

**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 authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore, the request is not medically necessary.