

<b>Case Number:</b>	CM15-0234035		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	01/15/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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:

This injured worker is a 56 year old female who reported an industrial injury on 2-24-2014. Her diagnoses, and or impressions, were noted to include: strain of neck muscle, fascia, tendon; right shoulder adhesive capsulitis; and sprain of right acromioclavicular joint. No imaging studies were noted. Her treatments were noted to include: right shoulder surgery (8-14-14); acupuncture treatments (9-2015); medication management with toxicology screenings; and modified work duties. The progress notes of 10-14-2015 reported complaints which included worsened right shoulder pain, rated 7-8 out of 10, that radiated to the neck and trapezius, with persistent numbness of the right upper extremity and fingers; that Norco helped; and that she was currently not working. The objective findings were noted to include: no acute distress; hypertonicity and tenderness over the right trapezius muscles and over the acromioclavicular joint; some limitation with right shoulder range-of-motion; and that she was very irritable. The physician's requests for treatment were noted to include authorization for acupuncture treatment to the right shoulder, 2 x a week x 6 weeks. The Request for Authorization, dated 10-28-2015, was noted to include acupuncture treatment to the right shoulder, 2 x a week x 6 weeks. Per an acupuncture report dated 10/29/15, the claimant has had 9 acupuncture treatments and her pain decreased from 9/10 to 8/10 and her range of motion in her right shoulder had an increase of flexion of 30 degrees and extension of 5 degrees. The Utilization Review of 11-12-2015 non-certified the request for acupuncture treatment, 2 x a week x 6 weeks, for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment for the right shoulder two (2) times a week for six (6) weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**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 with mild subjective benefits and slight increase of range of motion. However, the provider fails to document clinically significant functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.