

<b>Case Number:</b>	CM14-0111238		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/30/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is licensed in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 54 year old female who sustained a work related injury on 1/30/2011. Per a PR-2 dated 5/9/2014, the claimant has occasional left shoulder pain with numbness and tingling in her left arm. She also complains of left knee pain that gives out and feels weak. The claimant states that she was receiving acupuncture once a week for the last four weeks and it was initially helpful but the symptoms remain. She has restricted range of motion of the left shoulder, low back, and left knee. Her diagnoses are sprain/strain of the left knee, left knee arthrosis, myofascial sprain of the lumbar spine, and status left shoulder arthroscopy. She is on total temporary disability. Per a PR-2 dated 3/7/2014, the claimant was released to full duty with no limitations or restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for left shoulder once a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter; Acupuncture

**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 with subjective initial benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. In fact the claimant went from full duty to total temporary disability after an acupuncture trial. Therefore further acupuncture is not medically necessary.