

<b>Case Number:</b>	CM14-0138151		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Chiropractic 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:

This case involves a 61 year old female who sustained a work related injury on 2/4/2012. Per a PR-2 dated 7/31/2014, the injured worker was last seen in the clinic two weeks ago. She is worse. She is having severe pain in her shoulders radiating to the neck. She has been using more pain medication and the pain is aggravated by lifting. The pain is alleviated by ice, physical therapy, and medications. She is doing exercises, doing water aerobics and riding her bike. She has been seeing the acupuncturist once a week. That is significantly helpful to help decrease her pain. She would like to request more sessions. The injured worker's diagnoses are left shoulder pain, impingement syndrome of the left shoulder, and right shoulder pain. Other prior treatments include chiropractic, physical therapy, and oral medications. The injured worker has had twelve sessions of acupuncture. Per a PR-2 dated 6/6/14, the injured worker's pain is alleviated by acupuncture, medications, and heat. She has completed chiropractic visits and they have helped significantly. She was requiring less medication. Per a Pr-2 dated 5/23/14, the injured worker has twinges of pain in the right shoulder but she is getting better. Acupuncture treatments are helping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional sessions of acupuncture once per week for 6 weeks for the left shoulder:** 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 injured worker has had twelve sessions of acupuncture with initial improvement in combination with other therapies such as physical therapy and chiropractic. However, despite continued acupuncture, the injured worker's condition appears to be worsening. Therefore, this request is not medically necessary.