

<b>Case Number:</b>	CM14-0164311		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Board Certified in Chiropractic & 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:

Claimant is a 40 year old female who sustained a work related injury on 8/7/2012. Eight visits of acupuncture were approved on 5/14/2014. Per a PR-2 dated 8/26/2014, the claimant has no improvement in her neck and left arm pain. She received relief with acupuncture. Her diagnoses are pain in the shoulder, carpal tunnel syndrome, cervicalgia, and other affections shoulder. Per a PR-2 dated 7/9/2014, the claimant is attending acupuncture with benefit and is nearly done with acupuncture. She is not working. Per a PR-2 dated 6/17/14, the claimant has been attending acupuncture with benefit. She has attended eight sessions and has about six more sessions. According to the prior UR review dated 9/19/2014, the claimant has had approximately 20 prior acupuncture visits. Prior treatment also includes physical therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 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 claimant has had extensive prior acupuncture with reported benefit. However, the provider fails to document any objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.