

<b>Case Number:</b>	CM14-0210234		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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 46 year old female who reported right shoulder and right fifth finger pain from injury sustained on 05/23/14 and 02/19/14. She was helping bring down a box of soda; while bringing it down she lost grip of the box and the box fell hit her right shoulder; in regards to her right small finger, while working on the floor processing glass bottles, her glove caught onto the belt and pulled her fingers. MRI of the right shoulder revealed full thickness rotator cuff tear. MRI of the right hand reveals degenerative changes of the DIP joints. Patient is diagnosed with adhesive capsulitis, shoulder tendinitis, rotator cuff syndrome, cervicgia, and trigger finger. Patient has been treated with medication, physical therapy, and acupuncture. Per medical notes dated 11/22/14, patient complains of right shoulder and right small finger pain. She is unable to fully grip items or do ADLs such as washing the dishes because the pain is great. She states her pain level is 10/10 for her finger and 8/10 for her shoulder. She states her pain for shoulder and hand has not improved. Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 2 x wk x 3 weeks:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.