

<b>Case Number:</b>	CM14-0214932		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Ohio

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 claimant is a 36-year-old male who sustained a repetitive use injury between 1/20/12 and 8/20/12. Treatment has included medications, MRI, bracing, chiropractic, pain management, psychological consults, physical therapy, and biofeedback therapy. Follow up evaluation dated 11/17/14 notes complaints of persistent pain in the right shoulder and low back. Severe numbness is noted in both hands. Activities of daily living exacerbate his pain. Range of motion of the right shoulder is noted as reduced but not quantified. Positive Hawkin's test and Cross Arm's tests is noted. The physician requested recommended a course of acupuncture therapy twice a week for four weeks. Current diagnoses are listed as lumbar sprain/strain and right shoulder sprain/strain. UR decision of 11/27/14 modified the request for acupuncture from 8 to 6 visits to establish efficacy of treatment citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Treatment (8-sessions, 2 times a week for 4 weeks to the Lumbar Spine & Right Shoulder): Upheld**

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

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines notes that acupuncture may be performed initially for 3-6 treatments at a frequency of 1-3 times week to produce evidence of functional improvement. The request for 8-acupuncture treatment exceeds the guidelines. Therefore the request is not medically necessary.