

<b>Case Number:</b>	CM15-0013185		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: 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 42-year-old female, who sustained an industrial injury on 02/29/2012. The diagnoses have included pain in joint of shoulder. Treatments to date have included physical therapy, acupuncture, and medications. No diagnostic studies noted in received medical records. In a progress note dated 01/05/2015, the injured worker presented with complaints of right shoulder pain and headaches in the back of the head. The treating physician reported prescribing physical therapy, acupuncture, and Norco. Utilization Review determination on 01/19/2015 non-certified the request for 4 Acupuncture Therapy Sessions for the Right Shoulder and Neck citing California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 sessions of Acupuncture Therapy for the right shoulder and neck: Upheld**

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

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

**Decision rationale:** The guidelines (MTUS) could support additional acupuncture care for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. An unknown number of prior acupuncture sessions were rendered without documentation of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous care to support the medical necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 4 is not supported for medical necessity.