

<b>Case Number:</b>	CM15-0016757		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: 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 44 year old female who sustained a right shoulder injury when she fell of a horse in the course of her employment. PR-2 dated 11/18/15 notes that the she has problems turning her head side to side. Also noted is that the patient has been doing outside acupuncture which has resulted in cessation of pain meds for neck pain and headaches. Ambien and Voltaren gel were prescribed. Acupuncture notes dated 11/3/14 through 11/17/14 were reviewed but lacked documentation of objective functional improvement. Previous treatment has included acupuncture, medications, MRI, EMG, and physical therapy. Diagnoses include bilateral carpal tunnel syndrome, bursitis/impingement of the right shoulder, and cervical sprain/strain. UR decision dated 1/20/15 modified the request for 12 acupuncture treatments to an initial 6 visit trial citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x12:** Upheld

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

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

**Decision rationale:** The PR-2 dated 10/21/14 notes that the claimant was prescribed Ambien. The PR-2 dated 11/18/15 notes that the claimant was prescribed Ambien and Voltaren which appears to be an increase in the use of medication. Acupuncture treatment guidelines note that treatment may be extended if functional improvement is documented. Based on the file presented and the acupuncture notes reviewed, objective functional improvement is not documented. The claimant has undergone an adequate trial of acupuncture. Due to the lack of objective functional improvement the request for 12 acupuncture visits is not medically necessary.