

<b>Case Number:</b>	CM15-0111373		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Family Practice

### 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 50 year old female, who sustained an industrial injury on 2/25/2009, resulting from continuous trauma. The injured worker was diagnosed as having right elbow sprain/strain. Treatment to date has included diagnostics, bracing, modified work status, physical therapy, cortisone injection, right carpal tunnel release surgery in 2009, right elbow surgery in 2012, unspecified acupuncture, and medications. Many documents within the submitted medical records were difficult to decipher. Currently (5/11/2015), the injured worker complains of ongoing progressive right shoulder pain, rated 7-10/10. Her range of motion in the right shoulder was decreased with tenderness in the supraspinatus, greater tuberosity, and biceps. Muscle strength was 4/5 and no sensory deficits were noted. She was documented as an excellent candidate for arthroscopic evaluation. On 5/14/2015, the treatment plan included acupuncture (2x3), noting that she found this helpful in the past. Her work status was modified with restrictions. Progress notes from previous acupuncture sessions were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture six(6) visits (two times three): Upheld**

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

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

**Decision rationale:** The MTUS Guidelines comment on the use of acupuncture as a treatment modality. These are described in Section 9792.24.1 of the Acupuncture Medical Treatment Guidelines. The key issue that relates to this case regards documentation of functional improvement. In this case the medical records indicate on 5/3/2014 the patient had a visit with the treating physician in which it was documented that the patient had received 6 acupuncture treatment sessions. However, there is no comment on documented outcome measures as a result of these 6 prior sessions. The MTUS guidelines state the following on acupuncture: (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). In summary, the evidence from the medical records indicates that this patient has already received at least 6 treatment sessions of acupuncture. However, there is insufficient documentation as to the benefits of these prior sessions to include functional improvement. Without this documentation further treatment sessions cannot be justified. Therefore, acupuncture 6 visits (two times three) is not considered as medically necessary.