

<b>Case Number:</b>	CM15-0115313		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 24 year old female, who sustained an industrial injury on 8/3/2012. She reported left shoulder pain. Diagnoses have included acromioclavicular sprains and strains, ulnar nerve lesion, spasm of muscle and acromioclavicular separation. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 5/12/2015, the injured worker complained of acute, left shoulder pain. She was noted to be improving with acupuncture. She reported being able to use her arm more; she could grab and pull now, but not repetitively. Current medications included Tylenol and Gabapentin. The injured worker appeared to be anxious and in mild distress. Exam of the cervical spine revealed tenderness and tight muscle bands on the left side. Exam of the left shoulder revealed tenderness in the acromioclavicular joint and tenderness in the Trapezius. Exam of the left elbow revealed tenderness to palpation and positive Tinel's sign. Authorization was requested for eight acupuncture treatments for the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 acupuncture treatments for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported 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. Eight prior acupuncture sessions were rendered in the past without documentation of any sustained, significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) other than temporary relief of symptoms that worsened as the patient had no acupuncture for a month. Also, the request is for acupuncture x 8, number that exceeds the guidelines criteria without any extraordinary circumstances documented to override the guidelines recommendations. Therefore, the additional acupuncture is not supported for medical necessity.