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| <b>Case Number:</b>   | CM15-0125736 |                              |            |
| <b>Date Assigned:</b> | 07/10/2015   | <b>Date of Injury:</b>       | 08/29/2011 |
| <b>Decision Date:</b> | 08/11/2015   | <b>UR Denial Date:</b>       | 06/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/29/2015 |

### 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: California

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 injured worker is a 61-year-old male, who sustained an industrial injury on August 29, 2011. The injured worker reported slip and fall on stairs while carrying heavy object. The injured worker was diagnosed as having cervical, thoracic and lumbar disc bulges, right shoulder surgery, bilateral carpal tunnel syndrome and bilateral knee strain. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included surgery X 2, acupuncture, injections, psychiatric treatment and pain management. A progress note dated May 13, 2015 provides the injured worker complains of neck, bilateral shoulder, back, wrist and knee pain. Physical exam notes painful range of motion (ROM) of the right shoulder. The plan includes electromyogram, magnetic resonance imaging (MRI), acupuncture and follow-up. Per a Pr-2 dated 10/2/2014, the claimant complains of right shoulder pain is worse and right hand is stiffer. Acupuncture helps. Per a report dated 4/8/15 and /25/15, the provider states that acupuncture helps manage the pain, increase mobility, and functionality in his spine and shoulders. Per a PR-2 dated 5/28/2015, the claimant gets swelling most of the time. Acupuncture decreases the pain. Physical examination is unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and had subjective benefits. The claimant recently had 12 sessions of acupuncture in addition to an unknown number prior to 2015. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.