

<b>Case Number:</b>	CM15-0129439		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 52 year old female who sustained a work related injury September 9,2014. She started with stiffness in her neck and progressed to burning in the backs of her shoulders, radiating into the bilateral arms and forearms into the fingers. According to a physician's progress report, dated April 22, 2015, the injured worker presented for a follow-up of myofascial neck strain and left shoulder impingement syndrome. She received a steroid injection six weeks ago and currently in physical therapy. She reports her condition improved with her shoulder. Cervical spine range of motion revealed; flexion 50 degrees, extension 60 degrees, left and right lateral flexion 45 degrees, and left and right rotation 80 degrees. Left shoulder range of motion revealed; abduction 180 degrees, forward flexion 180 degrees, internal and external rotation 90 degrees, and extension 50 degrees. Impression is documented as impingement syndrome, left shoulder, with clinical improvement; myofascial neck strain with clinical improvement. Treatment plan included return to work to full duty and re-evaluate in six weeks. At issue, is the request for authorization for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture evaluate and treatment 2 times a week for 4 weeks for the left shoulder/arm:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Provider requested initial trial of 8 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.