

<b>Case Number:</b>	CM15-0173650		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Montana  
 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 an industrial injury January 3, 2011. Diagnoses have included brachial neuritis or radiculitis, sprain or strain of the shoulder and arm, and shoulder disorders with bursae and tendons. Documented treatment includes cervical discectomy in 2011, left shoulder rotator cuff repair in 2012, physical therapy, home exercise, cortisone injections, and medication, which is presently noted as being Motrin and Prilosec. She continues to present with limited range of motion to the cervical spine and left shoulder, and complains of pain, stiffness, weakness, spasms, and tenderness. The injured worker has had an unspecified number of acupuncture treatments, and the August 5, 2015 physician's note includes 12 "additional" sessions of acupuncture, which was denied August 12, 2015. Work status for the injured worker is permanent and stationary. She has been working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks of left shoulder, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions for left shoulder and cervical spine which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.