

<b>Case Number:</b>	CM15-0067291		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: 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 64 year old female patient who sustained an industrial injury on 12/22/2003. A primary treating office visit dated 02/25/2015 reported the patient with subjective complaint of left shoulder pain described as moderate, stabbing, burning pain that radiated to cervical spine. There is relief noted from medication administration. She is diagnosed with lumbar pain, left rotator cuff tear, left shoulder pain, and right knee pain. Treatment to include: Naproxen, Pantoprazole, Flexeril. The plan of care involved: recommending Gabapentin, compound cream, acupuncture therapy, chiropractic therapy, orthopedic surgical consultation, shockwave therapy, and hot/cold unit. Diagnostic testing to include: urine drug screening, and magnetic resonance imaging study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 right knee, left shoulder:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is not medically necessary.