

<b>Case Number:</b>	CM15-0068178		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 60-year-old male, who sustained an industrial injury on 08/27/2010. He reported a cumulative trauma injury to his right shoulder, right arm, right wrist, right hand, and upper back. The injured worker is currently diagnosed as having shoulder strain. Treatment to date has included psychiatric treatment, acupuncture, and medications. In a progress note dated 03/03/2015, the injured worker presented with complaints of increased symptoms in bilateral upper extremities and cervical spine since last office visit. The treating physician reported requesting authorization for acupuncture for bilateral upper extremity chronic over use syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, once a week for six weeks for the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

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

**Decision rationale:** The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. According to the report dated 2/11/15, it was noted that the patient received acupuncture in the past. However, there was no documentation of functional documentation from prior acupuncture session. Additional acupuncture sessions beyond the initial 6 sessions are recommended with documentation of functional improvement. Based on the guidelines, the provider's request for 6 acupuncture session for the bilateral shoulder is not medically necessary at this time.