

<b>Case Number:</b>	CM15-0070527		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 57 year old female patient who sustained an industrial injury on 10/26/1998. An office visit dated 12/08/2014 reported the patient with subjective complaint of cervical thoracic spine symptoms. Current medications are: Effexor, Norco, soma, Trazadone, and Ambien. She persists with complaint of anxiety and depression which negatively affects her activities of daily living. Her neck and shoulder symptoms persist and have increased in numbness and tingling into the left hand. The assessment noted other tenosynovitis hand/wrist; unspecified disorder bursae tendons shoulder; neck strain/sprain, and lateral epicondylitis elbow. The plan of care involved: recommending additional physical therapy sessions, consultation referral, recommending Trazadone 150mg QHS, continue with current medications, and follow up in 4 weeks. A physical therapy visit dated 01/09/2015 reported a chief complaint of right shoulder pain. The patient's impairments were identified as; flexibility, functional activities, painful range of motion, soft tissue mobility, and weakness. A primary treating office visit dated 10/25/2014 reported the patient with subjective complaint of cervical thoracic spine, shoulders, right elbow, and right wrist/hand pains. Current medications are Effexor, Norco, Soma, Trazadone, and Ambien. There is no change in the treating diagnoses. The plan of care involved: recommending physical therapy sessions, consultation, continue current medications. She will remain temporary totally disabled through 12/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture therapy 8 visits right shoulder:** Upheld

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture sessions which were modified to 6 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.