

<b>Case Number:</b>	CM15-0081040		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 an industrial injury on 03-01-2009. Current diagnoses include left shoulder pain and left impingement syndrome status post surgery in 2005. Adhesive capsulitis and left AC joint arthritis. Report dated 03-11-2015 noted that the injured worker presented with complaints that included left shoulder pain. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the AC joint and superolateral aspect of the shoulder, and decreased left shoulder range of motion. Previous treatments included medications, surgical intervention, cortisone injection, and acupuncture. The treatment plan included follow up with the orthopedic surgeon for arthroscopic surgery, continue Lidoderm patch, Voltaren gel, ibuprofen, and Nortriptyline, and request for acupuncture treatment two timer per week for three weeks. Work status was documented as modified duty. Documentation submitted did not include any prior acupuncture progress notes or the number of visits completed. Per a prior review, the claimant has had at least 18 acupuncture sessions certified. Per a Pr-2 dated 3/11/2015, the claimant has been receiving acupuncture, which has been very helpful. The utilization review dated 03-27-2015, non-certified the request for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 sessions:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.