

<b>Case Number:</b>	CM13-0019712		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. The expert reviewer is licensed in Chiropractic and Acupuncture Services and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43 year old female who reported neck and bilateral shoulder pain from injury sustained on 04/06/09 while pushing a garbage container. MRI of the left shoulder dated 02/22/11 revealed rotator cuff tendinosis with interstitial vs. articular surface thickness tear, biceps tendinosis involving the interscapular portion. Patient is diagnosed with bilateral shoulder pain and neck pain. Patient has been treated with medication, trigger point injection, physical therapy and acupuncture. Per medical notes dated 07/23/13, patient reports neck pain, chronic low back pain that goes across the low back and into bilateral hips. Examination revealed tenderness over the posterior neck primarily on the right, tenderness over the right occiput, midline cervical tenderness bilaterally. Per medical notes dated 07/30/13 patient completed acupuncture with 2 days of pain reduction allowing her to increase exercise, function at work and decrease pain medication. Provider is requesting additional 6 acupuncture sessions. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE SESSIONS (SHOULDER REGION) 1 X 6: Upheld**

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 07/30/13 patient completed acupuncture with 2 days of pain reduction allowing her to increase exercise, function at work and decrease pain medication. Provider is requesting additional 6 acupuncture sessions. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in 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 clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.