

<b>Case Number:</b>	CM13-0022344		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Board Certified in Chiropractic Care, has a subspecialty in Acupuncture 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 patient is a 62 year old female with a date of injury of 6/12/2011. According to the exam dated 5/06/2013, the patient reported that her left shoulder has improved with physical therapy and home exercise program. The progress report dated 7/15/2013, the patient reported left shoulder pain with clicking, popping, and was unable to sleep over it. The significant objective findings include 100 degrees in shoulder abduction and forward flexion and 30 degrees in internal rotation. The patient was diagnosed with left shoulder sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two (2) times a week for four (4) weeks to the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the guidelines make no recommendation on the number of acupuncture sessions. Therefore an alternative

guideline was consulted. Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to the medical records, the patient received acupuncture therapy on 7/15/2013. She completed 4 acupuncture sessions to the left shoulder. There was no evidence of functional improvement in the submitted documentation. Therefore, the provider's request for acupuncture sessions twice a week for 4 weeks for the left shoulder is not medically necessary at this time.