

<b>Case Number:</b>	CM13-0042607		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Occupational Medicine 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 45-year-old female who has submitted a claim for cervical sprain/strain, shoulder sprain/strain, and right shoulder internal derangement associated with an industrial injury date of May 29, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of right shoulder pain, neck pain and loss of sleep secondary to pain. Physical examination revealed decreased cervical spine range of motion. There was paracervical tenderness and spasm noted. The right shoulder was tender with range of motion limited in all planes and pain at the end of range. Treatment to date has included steroid injections, chiropractic treatment, acupuncture, topical mediations and oral pain medications. Utilization review from September 4, 2013 denied the request for additional acupuncture twice a week for six weeks to the right shoulder and cervical region because the review of records previous acupuncture management however the number of visits, clinical benefit and functional gains obtained with prior acupuncture care is not known. The physician is required to address these prior treatments and report evidence of functional benefit to support further care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT CONTINUE ACUPUNCTURE TWO TIMES A WEEK FOR SIX WEEKS TO THE RIGHT SHOULDER AND CERVICAL:** Upheld

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

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

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Acupuncture treatments may be extended for a total of 24 visits if functional improvement is documented. In addition, CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. In this case, the review of records indicates that the patient has had acupuncture treatment before. However, documentation of the total number of previous visits and functional improvement were not included in the medical records. Guidelines require documentation of functional improvement to support additional acupuncture treatments. Further information is needed at this time. Medical necessity of requested treatment has not been established. Therefore, the request for Outpatient continue Acupuncture two times a week for six weeks to the Right Shoulder and Cervical is not medically necessary.