

<b>Case Number:</b>	CM13-0051618		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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:

According to the records made available for review, this is a 60-year-old male with a 1/20/10 date of injury and status post left shoulder arthroscopy on 4/22/12. At the time (10/14/13) of request for authorization for six acupuncture sessions for bilateral upper extremity pain between 10/14/2013 and 11/28/2013, there is documentation of subjective (decreased left shoulder pain and increased left shoulder range of motion following injections, neck pain, and bilateral elbow pain) and objective (decreased left shoulder range of motion, hyporeflexic upper extremity stretch reflexes, decreased grip strength of the left hand, and positive Phalen's and Tinel's signs bilaterally) findings; current diagnoses (bilateral shoulder arthropathy, bilateral upper extremity overuse syndrome, and cervical spondylosis); and treatment to date (4 initial sessions of acupuncture authorized on 9/9/13). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIX ACUPUNCTURE SESSIONS FOR BILATERAL UPPER EXTREMITY PAIN BETWEEN 10/14/2013 AND 11/28/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines, Shoulder (Acute & Chronic).

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

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder arthropathy, bilateral upper extremity overuse syndrome, and cervical spondylosis. In addition, there is documentation of 4 initial sessions of acupuncture authorized on 9/9/13. Furthermore, given documentation of subjective (decreased left shoulder pain and increased left shoulder range of motion following injections, neck pain, and bilateral elbow pain) and objective (decreased left shoulder range of motion, hyporeflexic upper extremity stretch reflexes, decreased grip strength of the left hand, and positive Phalen's and Tinel's signs bilaterally) findings, there is documentation of objective functional deficits and functional goals. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous acupuncture. Therefore, based on guidelines and a review of the evidence, the request for six acupuncture sessions for bilateral upper extremity pain between 10/14/2013 and 11/28/2013 is not medically necessary.