

<b>Case Number:</b>	CM13-0054212		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 & Preventative 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 36 year old male with a date of injury 12/12/12. According to an orthopedic report dated 1/23/14, the patient was injured when a ladder fell upon his shoulder. The patient has had at least 6 physical therapy sessions and steroid injections to the shoulder. An MRI revealed a partial thickness tear of the rotator cuff and AC joint arthrosis. Orthopedic test revealed, positive impingement sign and positive AC adduction test, muscle strength was intact and 5/5. The provider has requested acupuncture sessions with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNTURE, 1 OR MORE NEEDLES, WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The provider has submitted a request for 6 acupuncture sessions which were previously denied. The reviewer's rationale stated that submitted documentation was missing

evidence of prior treatment success from physical therapy. According to the 1/2314 orthopedic report, the patient has been recalcitrant to previous steroid injections and more than 6 physical therapy sessions and were of little benefit. There are no documents of physical therapy sessions provided supporting functional improvement which would support medical necessity. Therefore, there is lacking information to overturn the previous determination and the request remains non-certified at this time.