

<b>Case Number:</b>	CM13-0054403		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/23/2009
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed 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:

Claimant is a 45 year old female who sustained a work related injury on 5/23/2009. Prior treatment includes physical therapy, arthroscopy of the shoulder, oral medications, injections, and 6 acupuncture visits. Her primary diagnose are status post arthroscopic surgery, rotator cuff syndrome, pain in the left shoulder, left rotator cuff sprain, left articular cartilage disorder, left shoulder arthroscopy, left bicipital tendonitis, and left subacromial and subdeltoid bursitis. She has left and right shoulder pain with mild tenderness over the left bicep tendon. Range of motion did not accentuate the pain. Acupuncture notes were submitted and state slight improvement with no details on functional gains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, one or more needles, without electrical stimulation, including an initial fifteen minutes of personal one-on-one contact with the patient:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional

improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had an initial trial of acupuncture. However the acupuncturist and her primary physician failed to document functional improvement associated with her acupuncture visits. The request for Acupuncture, one or more needles, without electrical stimulation, including an initial fifteen minutes of personal one-on-one contact with the patient, is not medically necessary or appropriate.