

<b>Case Number:</b>	CM13-0058466		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 and 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 injured worker is a 34 year old male who reported right shoulder pain from injury sustained on 9/29/12. He was rolling down landing gear that was stuck on a trailer when he heard a snap in his right shoulder and felt extreme pain. MRI of the right shoulder revealed degenerative changes at the acromioclavicular joint; superior labral tear; mild tendinosis of distal supraspinatus and subacromial /subdeltoid bursitis. The patient was diagnosed with rotator cuff syndrome; partial tear of rotator cuff tendon of right shoulder, bursitis and tendinosis. The patient was treated with medication, acupuncture. The patient was seen for a total of 13 of 18 visits. The patient reported symptomatic improvement but there is lack of functional improvement. Per notes dated Final Determination Letter for IMR Case Number CM13-0058466 3 10/23/13, patient complained of constant moderate to severe pain that was described as achy and sharp. Pain is aggravated with use. Neurological exams of bilateral upper extremity were within normal limits. Per notes the patient had "increased activities of daily living"; however, the notes did not specify the improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) ADDITIONAL CONCURRENT ACUPUNCTURE, THREE (3) TIMES PER WEEK FOR TWO (2) WEEKS FOR THE RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. PR2 notes documented "increased activities of daily living" however did not specify the improvements. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or reduction in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.