

<b>Case Number:</b>	CM13-0059245		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2013

### 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 licensed in Acupuncture and is licensed to practice in New York. 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 applicant has filed a claim for a left shoulder injury occurring on 9/19/2011. He sustained his injury when carrying a 32-foot ladder that struck his left shoulder. Following this incident, the applicant's employer referred him to the clinic for the duration of 2011 where he underwent physical therapy, chiropractic care, diagnostic X-rays, and prescribed medication. In the month of January 2012, the applicant began treatment with a physiatrist for additional pain management including medications, topical ointments and patches, additional physical therapy and chiropractic care, and quarterly intra-articular cortisone injections. Sometime in August of 2012, the applicant went to a surgeon who recommended surgery to his left shoulder; applicant is hesitant to go forward. In May 2013, the physiatrist referred the applicant for acupuncture treatment, initially beginning with six treatments. As of 11/04/2013, the applicant underwent eighteen acupuncture sessions with limited functional improvement. The claimant still complains of left shoulder pain aggravated by lifting, pulling, pushing and sleeping on the left side. Physical examination of the left shoulder shows that inspection reveals no deformity, swelling, joint asymmetry or atrophy. Movements are restricted with flexion limited to 170 degrees, extension limited to 40 degrees due to pain, abduction limited to 170 degrees, internal rotation behind the body limited to 80 degrees and external rotation limited to 80 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X/WEEK FOR 3 WEEKS FOR LEFT SHOULDER:** Upheld

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

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

**Decision rationale:** The applicant has had eighteen sessions of acupuncture prior to date without any noted functional improvement. The acupuncture guidelines call for an initial trial of 3-4 visits over 2 weeks with evidence of reduced pain, medications and objective functional improvement, a total of 8-12 visits would be allowed. However, it also states the evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. In this case, the applicant's aforementioned eighteen sessions of acupuncture exceeds the recommendations of the guidelines and in addition there was no documented functional improvement. Medical necessity for additional acupuncture treatments has not been established. The requested service is not medically necessary.