

<b>Case Number:</b>	CM13-0059524		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/14/2008
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50 year-old female who reported an injury on 09/14/2008. The mechanism of injury was not provided for review. The injured worker was evaluated on 10/31/2013. It was documented that the injured worker complained of neck and right shoulder pain that had increased. Physical findings included hypertonicity of the cervical spine and tenderness to palpation over the glenohumeral joint of the right shoulder. The injured worker's diagnoses included cervical discogenic syndrome, cervical radiculitis, shoulder joint pain, myofascial pain, and acute flare up of the shoulder. The injured worker's treatment plan included continuation of current medications to assist with pain control, continuation of a home exercise program with the use of a TENS unit, and 8 treatments of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X 10 SESSIONS, RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

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

**Decision rationale:** The requested acupuncture times 10 sessions to the right shoulder is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct therapy to an active functional restoration program. The clinical documentation submitted for review does indicate that the injured worker is participating in a home exercise program that would benefit from the adjunct therapy of acupuncture. However, California Medical Treatment Utilization Schedule recommends a trial of 3 to 4 treatments to establish the efficacy of this treatment modality. The clinical documentation submitted for review does not provide any evidence that the patient has previously participated in acupuncture. Therefore, a 3 to 4 visit trial would be appropriate for this patient. However, the requested 10 sessions exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested acupuncture times 10 sessions for the right shoulder is not medically necessary or appropriate.