

<b>Case Number:</b>	CM13-0068222		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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:

The injured worker is a 35-year-old who reported neck and right shoulder pain from injury sustained on May 29, 2013 as she was helping someone out of the car. MRI of the right shoulder revealed near full tear of the anterior edge of supraspinatus tendon without atrophy and superior labrum anterior and posterior lesion. Patient was diagnosed with brachial neuritis, cervicgia, joint pain- shoulder and joint pain-pelvis. Patient was treated with medication, physical therapy and acupuncture. Per notes dated November 7, 2013, patient returns for acupuncture for the hip and cervical pain. She feels a little better with less pain. She continues to have limited range of motion and pain in the right shoulder. Per notes dated January 28, 2014, patient has increased right shoulder pain. Pain is rated at 7-8/10. Pain is made worse by range of motion of the joint and use of the arm; pain is alleviated by rest with minimal improvements. Primary treating physician is requesting additional twelve acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 decrease in medication intake; none of which were documented. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE (1) TIME A WEEK FOR (12) WEEKS TO THE RIGHT SHOULDER/ NECK:** Upheld

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

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

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines, "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: one to three times per week. 3) Optimum duration: one to two 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. 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. According to the Acupuncture Medical Treatment 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 decrease in medication intake; none of which were documented. The request for additional acupuncture to the right shoulder/neck, once per week for twelve weeks is not medically necessary or appropriate.