

<b>Case Number:</b>	CM13-0069514		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 and is licensed to practice in Texas. 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 patient is a 34-year-old who reported an injury on October 19, 2012. The mechanism of injury reported was a fall. The MRI dated October 30, 2013 noted an impression of: (1) Acromioclavicular osteoarthritis; (2) Supraspinatus tendinitis; (3) Infraspinatus tendinitis. The clinical note dated December 10, 2013 noted the patient complains of right shoulder pain and popping. During physical exam, right shoulder was noted to be positive for impingement sign and positive for O'Brien's testing. Diagnostic injection of lidocaine performed into the SAS did not give relief from popping. The impingement signs were negative on retesting. The physician noted the patient is having no progression with conservative care. The patient has completed nine previous sessions of acupuncture to the right shoulder, with noted improvement from the last two sessions. The patient has had prior treatments including physical therapy without any lasting benefit, medications which were not listed, anterior and posterior injections, and a subacromial injection without any benefit. The patient complains of pain in the neck down to the forearm and right shoulder and arm. The patient has completed twelve physical therapy treatments. There was a positive Hawkins test and a positive Yergason's test. No documentation was provided from the conservative treatments or previous acupuncture visits for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NINE SESSIONS OF ACUPUNCTURE 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:** The Acupuncture Medical Treatment Guidelines state that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is three to six treatments. Documentation has been provided that the patient has had greater than six treatments with no good results except for the last two visits. The request for nine sessions of acupuncture for the right shoulder is not medically necessary or appropriate.