

<b>Case Number:</b>	CM14-0011980		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification, 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 is a male employee who has filed a claim for an injury to his right shoulder's rotator cuff and cervical spine. On February 19, 2013, the applicant underwent rotator cuff repair surgery. In December 2013, his orthopedic surgeon obtained another MRI of the right shoulder and revealed the applicant is in need of revision surgery. The revision surgery was submitted for approval, but then denied. On January 10, 2014, notes report the applicant still suffers with pain, especially when he reaches over his head. The incident occurred on November 14, 2011 while lifting and stacking heavy bricks and he felt a progressive onset of right shoulder pain. On January 22, 2014, the physician submitted a request for twelve acupuncture treatments to provide pain relief, decrease inflammation and increase range of motion. Since the incident, the applicant's treatment consisted of, but not limited to orthopedic, prior acupuncture care, chiropractic care, physical therapy and rehabilitation, tens unit, pain and anti-inflammatory medication. Diagnostically, the applicant had multiple MRIs, X-rays, and electro-diagnostic nerve conduction studies. The applicant in 2012 had been placed on temporary total disability status thru May of 2013, where he returned to work with restrictions. In the utilization review report, dated January 28, 2014, the UR determination was unable to approve these twelve acupuncture sessions, but modified the request to six. The applicant is post-operative rotator cuff surgery from February and in need of a revision. The request for revision surgery was not certified, so the physician advisor certified an initial trial of six acupuncture sessions for the applicant and considered it an initial trial. However, it appears the applicant underwent acupuncture in the past on December 5, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TO THE RIGHT SHOULDER 2X6 IS MODIFIED AND APPROVED BY THE PHYSICIAN ADVISOR FOR A TOTAL OF 2X3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the Acupuncture Medical Treatment Guidelines recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least one visit on December 5, 2013 and was approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by the Acupuncture Medical Treatment Guidelines. The request for acupuncture to the right shoulder, twice weekly for six weeks, is not medically necessary or appropriate.