

<b>Case Number:</b>	CM14-0119411		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 licensed in Chiropractic and 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 63-year-old female who reported right shoulder, left knee, right hand and left thumb pain from an injury sustained on 02/13/12 due to a fall. MRI of the right shoulder revealed supraspinatus tendinosis with full thickness tear; subscapularis tendinosis and delaminating tear; diffuse infraspinatus tendinosis; mild subluxation of biceps tendon with proximal tendinosis and partial tear; Glenohumeral osteoarthritis, degenerative fraying with type 1 superior labral injury and acromioclavicular joint osteoarthritis. The patient is diagnosed with unspecified derangement of shoulder region and rotator cuff sprain/strain. Per medical notes dated 05/19/14, the patient notes left knee, right shoulder, right hand and left thumb pain. Right shoulder pain is sharp, non-radiating, and occurs 35% of the time. Right hand pain is dull, non-radiating, and occurs 10% of the time. Left thumb pain is sharp, non-radiating, and occurs 15-20% of the time. Right knee pain is dull and sharp, non-radiating, and occurs 15% of the time. Left knee pain is sharp, non-radiating, and occurs 20-25% of the time. Per medical notes dated 07/10/14, the patient complains of right shoulder, hand, and thumb and knee pain. Upper extremity examination revealed trigger points palpated in the trapezius and parascapular muscles. The provider is requesting 12 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6:** Upheld

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

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

**Decision rationale:** Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8-9, "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," and, "Time to produce function improvement: 3-6 treatments. Frequency: 1-3 times per week. Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." Per utilization review, the patient was certified for 6 acupuncture sessions. There is a lack of evidence that prior care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS 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 a decrease in medication intake. Based on a review of the available evidence and guidelines, an additional 2X6 acupuncture treatments are not medically necessary.