

<b>Case Number:</b>	CM14-0127925		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Services 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 49 year old female who reported right shoulder pain from injury sustained on 04/19/11 due to cumulative trauma from working as an office assistant from 04/09/10-04/19/11. There were no diagnostic imaging reports. Patient is diagnosed with status post right shoulder arthroscopic surgery (08/15/13), right shoulder impingement and right shoulder rotator cuff tendinosis. Patient has been treated with medication, physical therapy, acupuncture and chiropractic. Per medical notes dated 06/02/14, patient complains of constant moderate dull, achy right shoulder pain with stiffness, weakness and cramping. Right shoulder range of motion is decreased and painful with tenderness to palpation of posterior shoulder and lateral shoulder. Per medical notes dated 07/09/14, patient complains of numbness to right neck down to her right shoulder. Patient states her right shoulder pain has improved from 7/10-6/10 with improvement in her range of motion. Examination revealed tenderness to palpation of anterior acromial margin. Provider is requesting continuation of acupuncture 2-3X per week for 6 weeks. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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:

**Continue Acupuncture 2-3x/ for 6 weeks Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain for Purposes of Acupuncture.

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 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". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 07/09/14, patient complains of numbness to the right neck down to her shoulder. Patient states her right shoulder pain has improved from 7/10 to 6/10 with improvement in her shoulder range of motion. Provider requested additional acupuncture 2-3X/week for 6 weeks. 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 decrease in medication intake. Furthermore requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12-18 acupuncture treatments are not medically necessary.