

<b>Case Number:</b>	CM14-0136572		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 59 year old male who was injured on 11/30/13 due to cumulative trauma during his employment as a home care provider. Records indicate the injured worker sought treatment with acupuncture on his own upon the onset of symptoms. The injured worker later reported his complaints. Clinical note dated 05/16/14 indicates the injured worker complains of bilateral shoulder pain and low back pain. The injured worker's diagnoses include internal derangement of the bilateral shoulders including impingement syndrome. This note states the injured worker has undergone physical therapy with mild improvement of shoulder pain. Physical examination reveals positive Neer-Hawkins/Kennedy impingement sign of the right shoulder with crossbody adduction maneuver. Mild tenderness upon palpation is noted. Clinical note dated 07/02/14 states the injured worker's primary complaint is bilateral shoulder stiffness. Physical examination findings are unchanged. A request for acupuncture twice a week for six weeks was requested and subsequently denied by Utilization Review dated 07/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the shoulder and upper arm, 2 times a week for 6 weeks, QTY: 12 sessions:** Upheld

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

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

**Decision rationale:** The request for acupuncture for the shoulder and upper arm, 2 times a week for 6 weeks, QTY: 12 sessions is not recommended as medically necessary. MTUS Acupuncture Medical Treatment Guidelines state acupuncture is an option when pain medications are reduced or not tolerated and should be used as an adjunct to physical rehabilitation and/or surgical intervention. Records do not indicate the injured worker is a surgical candidate. Records reveal that the injured worker formerly participated in physical therapy but does not indicate a physical rehabilitation program will be implemented in conjunction with acupuncture treatment. Applicable guidelines also recommend up to 6 initial treatments and state "treatments may be extended if functional improvement is documented". The request for 12 sessions of acupuncture exceeds guideline recommendations. There are no exceptional factors which would warrant treatment in excess of guideline recommendations. Moreover, records indicate the injured worker did receive acupuncture for his complaints in the past. Records do not, however, reveal the amount or duration of previous treatment and do not state which body part was addressed with this treatment. The injured worker's response to treatment with acupuncture was not commented upon. Based on the clinical information provided, medical necessity of acupuncture for the shoulder and upper arm, 2 times a week for 6 weeks, QTY: 12 sessions is not established.