

<b>Case Number:</b>	CM14-0137127		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/13/2014
<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 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:

Claimant is a 64-year old male who sustained a work related injury on 10/1/2012. Per a Pr-2 dated 8/14/2014, the claimant has right shoulder pain with radiation to the neck and posteriorly to the shoulder blade. He has limited range of motion in the right shoulder. His diagnoses are full thickness tear and significant retraction of the supraspinatus tendon, partial tear of the infraspinatus tendon, full thickness tear of the subscapularis tendon, status post acromioplasty, chronic pain in the right acromioclavicular joint, and right subacromial bursitis of the shoulder. He is working with restrictions. Six acupuncture visits were certified as a trial on 8/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 initial acupuncture for right shoulder for 2 times a week for 6 weeks, as an outpatient.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for 12 initial acupuncture for right shoulder for 2 times a week for 6 weeks, as an outpatient are not Medically necessary.