

<b>Case Number:</b>	CM14-0153598		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 47 year old female who was injured on 12/11/2013. The mechanism of injury is unknown. Prior medication history included cortisone and tramadol as needed. Prior treatment history has included 6 sessions of acupuncture therapy. Diagnostic studies reviewed include MRI of the left shoulder dated 03/14/2014 revealed mild supraspinatus tendinosis with fraying of bursal fibers, a low-grade injury and scant adjacent subacromial subdeltoid bursal fluid; subtle degenerative signal along the superior labral margin best visualized on coronal PD images 9 and 10 without displaced tear. Progress report dated 07/30/2014 states the patient presented with complaints of left upper extremity pain rated as 4/10. She stated her pain starts below her shoulder and involves the upper arm with pain. Objective findings on exam revealed tenderness to palpation over the anterior rotator cuff but not the AC joint. Range of motion of the left shoulder revealed some discomfort with internal and external rotation and reaching above the shoulder height. Rotation of the left shoulder revealed flexion to 180 degrees; extension to 50 degrees; abduction to 180 degrees and adduction to 50 degrees. Impingement test was negative as well as Hawkin's. The left elbow revealed minimal discomfort with examination of the elbow. The patient was diagnosed with left shoulder, elbow and wrist sprain/strain and was recommended for physical therapy and instructed to continue with acupuncture therapy. Prior utilization review dated 08/19/2014 states the request for additional Acupuncture twice weekly for 3 weeks, left shoulder is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture twice weekly for 3 weeks, left shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ACUPUNCTURE

**Decision rationale:** According to the Official Disability Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used in adjunct to physical therapy and/or surgical intervention to hasten functional recovery. The guidelines require evidence of objective functional gains to justify additional acupuncture sessions beyond an initial trial of 3 to 6 treatments. The supporting documentation indicate a trial of 6 sessions however, there is no supporting documentation of functional gain or improvement to support the necessity of this treatment. The request for additional acupuncture is not medically necessary.