

<b>Case Number:</b>	CM14-0156274		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma 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 an injury on 06/25/2012. The mechanism of injury was a fall. The medications were not provided. The injured worker underwent a right shoulder arthroscopy, subacromial decompression, labral repair, and right elbow tenotomy with postoperative therapy. The diagnostic studies included x-rays, MRIs, and an EMG/NCV. The documentation of 07/22/2014 revealed the injured worker had pain and decreased range of motion. The injured worker had right shoulder pain postsurgically. Physical examination revealed the injured worker had tenderness in the paraspinals on the right side, but no central tenderness. There was some mild restriction with motion such as flexion and extension. There were no sensory changes noted. There was radiating pain in the distal right upper extremity without sensory loss. The examination of the shoulder revealed tenderness along the anterior and lateral aspects of the acromion. The injured worker had a positive impingement sign with internal rotation. The injured worker had mild weakness to forward flexion with distal guarding. The elbow examination revealed direct tenderness along the proximal extensor group and medial epicondyle. There was normal strength in the biceps and triceps with slight guarding. The diagnoses included cervicgia and right sided radiculopathy with disc degeneration, right elbow epicondylitis and partial tear, and right shoulder impingement with labral tear, status post arthroscopy, debridement, and decompression. The treatment plan included additional physical therapy for the cervical spine and acupuncture for the cervical spine. There was no documented rationale. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture QTY #8:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. There was a lack of documentation indicating the injured worker was utilizing pain medication that was reduced or not tolerated and that the request for further physical medicine had been approved. The request as submitted failed to indicate the body part to be treated with the acupuncture. Additionally, the request for eight visits would be excessive, as the time to produce improvement is 3 to 6 visits. Given the above, the request for acupuncture quantity 8, is not medically necessary.