

<b>Case Number:</b>	CM14-0158189		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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, has a subspecialty in 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:

The injured worker is a 60 years old male who reported left shoulder pain from injury sustained on 02/19/14. He tripped over some rebar and fell reaching out with his left upper extremity. X-rays of the left humerus were normal. X-rays of the left elbow revealed minimal spurring. Patient is diagnosed with pain in joint-upper arm. Patient has been treated with medication. Per medical notes dated 04/22/14, patient complains of left arm pain. He reports feeling the same. Patient states he feels tired, feels minor discomfort on his left arm on and off but he does not believe in taking pain medication. Per medical notes dated 05/15/14, patient reports no change in pain characteristic and no new symptoms. He has not attended physical therapy yet. Examination revealed tenderness to palpation over the left trapezius, acromioclavicular joint, anterior and posterior deltoid muscle with limited range of motion in all directions. Provider requested initial trial of 24 acupuncture treatments which were modified to 4 by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 sessions of acupuncture treatment for the left arm:** Upheld

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

**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 not had prior Acupuncture treatment. Provider requested initial trial of 24 acupuncture sessions which were modified to 4 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 24 Acupuncture visits are not medically necessary.