

<b>Case Number:</b>	CM14-0158498		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/18/2014
<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 Board Certified in Acupuncture and is licensed to practice in New York. 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:

According to the records made available for review, this is a 65 year old male with a 11/14/12 date of injury. Mechanism of injury is the result of carrying heavy wood while doing construction. At the time of the request for authorization of 12 acupuncture sessions to the left shoulder, there is documentation of subjective (headache, low back pain, bilateral shoulder pain, bilateral hip pain) and objective (lumbar tenderness to palpation, spasm and decreased range of motion, bilateral shoulder tenderness and decreased range of motion and bilateral hip tenderness and decreased range of motion) findings. There was no degree of decrease in range of motion within the records. There is documentation of a request for acupuncture authorization of 12 sessions at the rate of 2 times per week for 6 weeks to the left shoulder dated 9/12/14. Documentation provided includes additional treatment of medications, physical therapy is noted as "on hold" and the patient has declined surgery. Records do not mention the addition of acupuncture to continued physical rehabilitation. Additionally, there is no mention of pain medication dosage decrease or intolerance. This request for 12 sessions exceeds the Acupuncture Medical Treatment Guidelines. There is authorization for an initial trial of 3 acupuncture sessions dated 9/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 to the left shoulder:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state acupuncture is an option when pain medication is reduced or not tolerated and/or it may be used as an adjunct to physical rehabilitation; neither of these was documented. The Acupuncture Medical Treatment Guidelines state 3 to 6 treatments with a frequency of 1 to 3 times per week as an initial series to produce functional improvement. The request for an initial 12 acupuncture sessions exceed these guidelines and therefore are not medically necessary. The authorization of 3 sessions with pre and post collection of functional objective information is within the Acupuncture Medical Treatment Guidelines.