

<b>Case Number:</b>	CM14-0166628		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee is a 33 year old female who sustained an injury on January 06, 2011. Subjective complaints included right shoulder, right elbow, right wrist and hand pain, moderate and constant, with pushing, pulling, grasping, reaching and gripping. Findings included moderate tenderness in the right shoulder, right elbow, right hand and wrist and a reduced range of motion. The employee had an MRI of right shoulder on June 12, 2014 that showed complete tear of the rotator cuff beneath the acromion, mild impingement, SLAP deformity of the glenoid labrum indicative of a tear and fluid in the subdeltoid space. The treatment plan included two acupuncture sessions with biofeedback. The employee had had multiple sessions of acupuncture with biofeedback once a week since at least February 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 acupuncture sessions with biofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 70.

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

**Decision rationale:** According to MTUS Acupuncture medical treatment guidelines, acupuncture can be used to reduce pain, reduce inflammation, increase range of motion and

reduce muscle spasm. The guidelines state that there should be "functional improvement within 3 to 6 sessions of acupuncture." The employee had been having acupuncture since February and had no documented improvement of pain or functional status. Hence the request for 2 Acupuncture Sessions with Biofeedback is not medically necessary.