

<b>Case Number:</b>	CM14-0167012		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/03/2014
<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 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 69 year old male who reported neck, mid-back, low back and shoulder pain from injury sustained on 03/30/09 due to cumulative trauma due to heavy lifting. MRI of the left shoulder revealed acromion flat, laterally down-sloping; acromioclavicular joint osteoarthritis; supraspinatus tear partial articular; infraspinatus tear partial infrasubstance; synovium effusion and subacromial/subdeltoid bursitis. Patient is diagnosed with shoulder/arm sprain and lumbar sprain; right shoulder completed tear of supraspinatus tendon/tendinitis; left shoulder tear of infraspinatus tendon/ bursitis and lumbar disc protrusion. Patient has been treated with medication, physical therapy, Chiropractic, right shoulder surgery and acupuncture. Per medical notes dated 06/23/14, patient complains of neck, mid back, low back and shoulder pain rated at 10/10. Pain is worse by repetitive use/ forceful activity and is improved with medication. Per medical notes dated 07/23/14, patient complains of neck, mid back, low back and shoulder pain rated 10/10. Pain is improved with medication and therapy. Examination revealed tenderness of paraspinal muscles with spasms. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, 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 had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.