

<b>Case Number:</b>	CM14-0172883		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 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 patient is a 65-year-old male with a date of injury of 10/14/2013. According to the progress report dated 9/25/2014, the patient complained of right shoulder pain. The patient reported that the pain level decrease from 6/10 to 2/10 with Celebrex and Naproxen. Significant objective findings include full range of motion, acromioclavicular joint tenderness, and motor exam normal in the bilateral upper extremity, intact sensation bilaterally in the upper extremity, negative Spurling's test, and negative Sulcus sign. The patient was diagnosed with rotator cuff partial tear on the right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 per week x 6 weeks to the right shoulder:** Upheld

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

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

**Decision rationale:** The patient is a 65-year-old male with a date of injury of 10/14/2013. According to the progress report dated 9/25/2014, the patient complained of right shoulder pain. The patient reported that the pain level decrease from 6/10 to 2/10 with Celebrex and Naproxen. Significant objective findings include full range of motion, acromioclavicular joint tenderness,

and motor exam normal in the bilateral upper extremity, intact sensation bilaterally in the upper extremity, negative Spurling's test, and negative Sulcus sign. The patient was diagnosed with rotator cuff partial tear on the right side.