

<b>Case Number:</b>	CM14-0023097		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 a licensed Doctor of 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:

3/1/07. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient was diagnosed with frozen shoulder and rotator cuff syndrome. Patient was treated with medication and acupuncture. Per notes dated 1/28/14, patient is following up for work-related left shoulder pain in which he has developed recurrent rotator cuff irritability and subsequent frozen shoulder. Examination states that he lacks 20 degree forward flexion and abduction. Patient has had acupuncture treatment in the past; however, acupuncture progress notes were not provided for the review. As mentioned in the notes, the patient continues to work and acupuncture has helped him manages his symptoms for a year. Primary care requested 10 acupuncture visits which were modified to 4 sessions as the request exceeds the quantity of acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE TREATMENT TO THE LEFT SHOULDER FOR TEN (10) SESSIONS: 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 had prior Acupuncture treatment with benefits. Previous acupuncture progress notes were not included for the review. Per guidelines 3-6 treatments are sufficient for course of Acupuncture. Requested visits exceed the quantity of 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, 10 Acupuncture visits are not medically necessary.