

<b>Case Number:</b>	CM14-0033582		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Care and 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 56-year-old female who reported neck, right elbow, and right hand pain from an injury sustained on 10/26/98. The mechanism of injury is unknown. An MRI of the right shoulder revealed tearing of distal supraspinatus tendon and lateral downward angulation of distal acromion. The patient is diagnosed with tenosynovitis of the right wrist; cervical spine sprain/strain; lateral epicondylitis; and rotator cuff syndrome. The patient has been treated with medication, therapy, arthroscopic decompression surgery of the shoulder, injection, and acupuncture. Per the notes dated 1/16/14, the patient complains of neck pain, which radiates to the right shoulder. Pain is rated at 4-6/10 and is constant, burning and aching. She also complains of right elbow pain, which is rated at 4/10 and is constant, aching and throbbing. An examination revealed tightness in the left paravertebral muscles; decreased range of motion and tenderness in the bicipital groove and the acromioclavicular (AC) joint. The patient is a candidate for a release of right long trigger digit. Per notes dated 1/16/14, "Acupuncture has helped in the past to help reduce her symptoms". Primary treating physician is requesting eight (8) acupuncture sessions. 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. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR THE RIGHT SHOULDER ONE (1) TIME A WEEK FOR EIGHT (8) WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Acupuncture Medical treatment Guidelines indicate "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". The guidelines also indicate "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". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. The 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. Furthermore, the requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. According to the 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, eight (8) acupuncture treatments are not medically necessary.