

<b>Case Number:</b>	CM14-0038357		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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:

This is a 36 y/o female patient with pain complains of lower back and right shoulder. Diagnoses included right shoulder strain. Previous treatments included: oral medication, chiropractic-physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x8 targeting the shoulder was made by the PTP on 03-14-14. The requested care was modified on 03-31-14 by the UR reviewer to approve six sessions and non-certifying two sessions. The reviewer rationale was "medical necessity for an acupuncture trial x6 is recommended".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 initial Acupuncture visits for the Right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks

**Decision rationale:** The acupuncture guidelines does not cover shoulder injuries ( 9792.21. Medical Treatment Utilization Schedule (2) Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints..."). The Official Disability Guidelines (ODG) for shoulder, notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity. The acupuncture trial requested is for 8 sessions which exceeds the guidelines recommendations without documenting any extraordinary circumstances. Consequently, the acupuncture (x8) requested is not supported for medical necessity.