

<b>Case Number:</b>	CM14-0044344		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 57-year old male with a date of injury on 9/20/2011. According to the progress report dated 2/17/2014, the patient complained of right shoulder pain. Significant objective findings include decrease range of motion in the right shoulder and /5 motor strength. The patient was diagnosed with right shoulder rotators cuff injury, right shoulder sprain/strain, lumbosacral sprain/strain, lumbosacral radiculopathy, status post right shoulder surgery on 10/25/2012, and cumulative trauma disorder of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro Acupuncture w/ infrared, myofascial release 2 X week X 4 weeks, right shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Massage Therapy.

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

**Decision rationale:** Records indicate that the patient had acupuncture on 4/10/2012. The number of acupuncture sessions completed remain unknown. Based on the provided medical records, the current prescription is evaluated as an initial trial. Acupuncture Medical Treatment Guideline recommends a trial of 3-6 visits. It states that acupuncture may be extended if there is

documentation of functional improvement. The provider has requested acupuncture twice a week for 4 weeks, which exceeds the guidelines recommendation. Therefore, the provider's request for Electro Acupuncture with Infrared, Myofascial Release 2XWeekX4 Weeks, Right Shoulder is not medically necessary.