

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0060612 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 05/31/2013 |
| <b>Decision Date:</b> | 10/09/2014   | <b>UR Denial Date:</b>       | 04/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/01/2014 |

### 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 licensed in Chiropractic 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 case involves a 44-year-old female with a reported date of injury on 05/31/2013. The medical records dated 04/04/2014, report that the injured worker complains of constant pain in the right shoulder, and the pain increases with certain activities. Visual Analogue scale was reported as 7/10. MRI of the Lumbar Spine reported form 8/9/13. MRI findings dated 3/7/14 report partial thickness tear at right rotator cuff tear with impingement and subacromial bursitis. The injured worker did not wish to proceed with the option of arthroscopy at that time. The injured worker had undergone right shoulder sub acromial depomedrol injection with transient relief. The injured worker was recommended acupuncture at a frequency of 2 times per week for 3 weeks. According to a prior report dated 4/16/2014 the 8 sessions were denied on the 01/10/14, noting lack of coordination of the acupuncture treatment sessions with any active therapeutic interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 sessions, 2x3 (right shoulder): Upheld**

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

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

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines report acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. CA MTUS Acupuncture Medical Treatment Guidelines allow a 3-6 visit treatment trial to produce functional improvement, and treatment may be extended if functional improvement is documented with the 3-6 visit treatment trial. This patient treated with acupuncture on 13 occasions from 10/04/2013 through 01/03/2014. There is no evidence the patient was reducing medication or medication was not tolerated, and there is no documentation additional acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no evidence of functional improvement with acupuncture treatments already performed; therefore, the request for additional acupuncture sessions is not medically necessary.