

<b>Case Number:</b>	CM14-0069495		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Acupuncture and is licensed to practice in New York and Connecticut. 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:

According to the records made available for review, this is a 59 year old male patient with a 3/29/12 date of injury. The patient has diagnoses of neck and right shoulder pains. He had right shoulder surgery in February 2013 and had prior physical therapy. The patient is taking Vicodin/oral medication. Based on the PR-2s and records in this file, at the time of this request for authorization of 8 treatments of acupuncture there is documentation of main subjective pain complaints of the above. There are objective positive findings including cited on the report dated 1/23/14 which includes right shoulder flexion performed with reports of pain and with limitation. He continues to take oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture #8 right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture- Shoulder

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

**Decision rationale:** Acupuncture care is not medically necessary. In order to support the medical necessity for acupuncture based on MTUS guidelines, an initial trial of acupuncture may be

warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement. The request for 8 sessions is not supported by MTUS guidelines which recommends 3-6 sessions as an initial trial. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented.