

<b>Case Number:</b>	CM14-0092990		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Orthopaedic Surgery 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 66-year-old female sustained an industrial injury on 9/26/97, relative to a slip and fall. The patient was status post C5-7 cervical fusion with chronic bilateral C7/8 radiculopathy. She was diagnosed with a right shoulder rotator cuff tear and acromioclavicular joint degenerative joint disease. Surgery to the right shoulder was authorized but delayed pending authorization of post-op home health care and transportation. The 5/28/14 acupuncture progress report cited pain reduced from 8-9/10 to 6-7/10. The patient was reported slightly improved with decreased pain, increased range of motion and reduced pain medication. Additional acupuncture treatment was recommended. The 6/4/214 treating physician report indicated the patient had completed 12/12 acupuncture visits with reduction in pain and spasms. The current treatment program included chiropractic, exercise, home electrical stimulation, and medications. The patient's condition remained the same since last exam. Pain with medications was 5-6/10 and without medications 8/10. The 6/13/14 utilization review denied the request for additional acupuncture treatment as there was no evidence of lasting objective and functional gains with acupuncture. Records indicated that the patient has responded modestly and temporarily to acupuncture. Cervical and right shoulder range of motion was slightly improvement, headaches and hypertonicity decreased, and pain went from a high of 9/10 to a low of 6/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 8 weeks for the neck and right shoulder: Upheld**

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

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

**Decision rationale:** The California MTUS acupuncture guidelines indicate that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. The optimum duration of acupuncture is 1 to 2 months. Guideline criteria have not been met. The patient was treated with 12 acupuncture sessions. There is no documentation of a significant improvement in activities of daily living or reduction in work restriction, and reduction in dependence on continued medical treatment consistent with the guideline definition of functional improvement. The patient is currently receiving chiropractic treatment, has documented benefit with medication equal to acupuncture, and has a home therapy program. There is no compelling reason to support the medical necessity of additional acupuncture treatment in the absence of specific objective measurable functional improvement. Therefore, this request for acupuncture 2 times a week for 8 weeks for the neck and right shoulder is not medically necessary.