

<b>Case Number:</b>	CM14-0094520		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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 injured worker is a 60 year old male who reported right shoulder pain from injury sustained on 02/02/11. Patient was tightening down a winch bar and slipped causing him to stumble and hit his right arm and shoulder against trailer. MRI (2012) of the right shoulder revealed ruptured biceps tendon. MRI (2013) of the right shoulder revealed degenerated acromioclavicular joint; fraying along the insertion of the supraspinatus tendon; and deficiency of intraarticular portion of long head of biceps tendon. Patient is diagnosed with Bicep tendon tear; right shoulder sprain; musculoligamentous sprain. Patient has been treated with right shoulder arthroscopy, extensive debridement of the superior labral tear and arthroscopic acromioplasty with coracoacromial ligament release (08/17/12); medication; physical therapy; cortisone injection; and acupuncture. Per medical notes dated 09/13/13, patient complains of pain and discomfort in the right shoulder that is described as numbness, pins and needles and throbbing in nature. Pain is rated at 3-6/10. Per medical notes dated 05/09/14, patient complains of frequent pain and discomfort in the right shoulder that he describes as sharp, aching, burning, numbness and tingling in nature radiating down his right arm. He is having difficulty reaching, holding and lifting over shoulder level. He is having more pain with movement. Pain is rated at 5/10. Provider would like patient to continue acupuncture treatment 2 times 3. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times per week for 3 weeks (6 visits) for right shoulder:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2 times 3 acupuncture treatments are not medically necessary.