

<b>Case Number:</b>	CM14-0095536		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 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 pain from injury sustained on 04/24/12 when he was working on a sprinkler. The MRI of the right shoulder (09/27/12) revealed mild to moderate degenerative changes at right acromioclavicular joint; moderately laterally down sloping orientation of acromion; status post subacromial decompression with acromioplasty and busectomy. Patient is diagnosed with right shoulder adhesive capsulitis; shoulder impingement syndrome; degenerative joint disease; bicipital tendinosis and status post arthroscopy (07/2013). Patient has been treated with medication, therapy and surgery. Per medical notes dated 02/07/14, patient is having increasing pain in the right shoulder and has increasing difficulty with range of motion. Patient has pain at night and pain with activity such as abduction and external rotation. Per medical notes dated 03/20/14, patient complains of right shoulder pain rated at 8/10. Pain is stabbing and constant. Per medical notes dated 06/19/14, patient complains of right shoulder pain rated at 8/10. It is constant and sharp. Patient reports spasms, throbbing, numbness and tingling that radiates from the top of the shoulder into the side of the neck. Provider is requesting initial trial of 12 post-operative acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post - operative Acupuncture 2X week X6 weeks for the 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 Page 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 not had prior Acupuncture treatment. Provider is requesting initial trial of 12 post-operative acupuncture treatments. Patient has not had the surgery for which this request is made. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. The MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.