

<b>Case Number:</b>	CM13-0050068		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

### 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 64 year old individual who sustained an industrial injury on August 31, 2012. The injured worker reported pain to the right shoulder and has been diagnosed with right shoulder SLAP tear right supraspinatus tear. Treatment has included an epidural injection. Currently the injured worker complains of right shoulder pain that radiated to the right arm associated with tingling and numbness. The treatment plan included continued acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED ACUPUNCTURE WITH ADJUNCT PROCEDURES/MODALITIES FOR THE RIGHT SHOULDER, LUMBAR SPINE: THREE (3) TIMES A WEEK FOR TWO (2) MONTHS:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments and state that extension of acupuncture care could be supported

for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient underwent acupuncture in the past without any reported functional improvement (quantifiable response to treatment) obtained with previous acupuncture to support the medical necessity of further acupuncture. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. In addition the request is for acupuncture x 24 (3 x 8), number that exceeds significantly the guidelines recommendations without a medical reasoning or extraordinary circumstances described to support such request. Therefore, the additional acupuncture is not supported for medical necessity.