

<b>Case Number:</b>	CM14-0187306		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	11/28/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 34 year old male who reports left shoulder pain resulting from a work related injury on 11/28/2013. Patient states he was lifting a large bag into the belly of a plane when he felt a pull in his left shoulder. MRI of the left shoulder dated 01/15/2014 revealed mild proximal supraspinatus tendinopathy involving the central tendon, no rotator cuff tear. Multiple small cystic areas in the anterolateral humeral head extending to the subcortical region. Patient is diagnosed with pain in the joint shoulder. Per physicians notes dated 09/24/2014 patient states that he continues to have pain that is aggravated with lifting or repetitive use of his left shoulder. He states that he is unable to sleep on his left side and that the change in weather aggravates the pain. Examination reveals that there is tenderness to palpation over the anterior left shoulder and acromioclavicular joint; there is also decreased range of motion in the left shoulder. Impingement sign was negative at the left shoulder. Patient has been treated with medication, physical therapy, injection and capsaicin cream. Primary treating physician requested 12 visits which were denied per guidelines. Patient has not had prior acupuncture treatments. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of Acupuncture for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, 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. 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. 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.