

<b>Case Number:</b>	CM14-0198422		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Chiropractor (DC) 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:

This case involves a female patient with an injury date of 04/04/2014. She noted that her left leg started to slide out in front of her and she lost her balance falling forward on all fours. A therapy visit dated 05/08/2014, revealed subjective complaint of "some sharp pains walking this morning", along with general muscle soreness after treatment. She is noted undergoing a right meniscectomy on 04/13/2014. Physical assessment described mild inflamed tendonitis, soft tissue contusion and pain with muscular contraction. The plan of care involved continuing with stimulation to patella tendon. A primary treating office visit dated 06/11/2014, showed the patient diagnosed with shoulder pain, contusion of hand except fingers and contusion of knees. She was on modified work status and follow up in three weeks. That following visit dated 07/03/2014, gave the treatment plan to include referral for additional physical therapy and follow up MRI without contrast of right shoulder. MRI findings dated 07/16/2014, revealed mild distal supraspinatus tendonitis without evidence of cuff tear, small subcromial/subdeltoid effusion, possible inflammation, and spurs at acromioclavicular joint type I. Subsequent doctors' visits show no change in physical assessment including persistent shoulder pain and plan of care which involved modified work duty with follow-up in three weeks. Primary physician follow-up dated 10/01/2014, described pain management consultation. A request for services was dated 10/27/2014, asking for acupuncture visits twice weekly for 6 weeks treating the right shoulder. The Utilization Review denied the request on 11/05/2014 as not meeting medical necessity requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture 2 times a week for 3 weeks for the right shoulder as an outpatient:** 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". The patient has not had prior Acupuncture treatment. Provider requested initial trial of 2 x 3 acupuncture treatments which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, or home exercise program, rather than the skilled intervention. Per guidelines and review of evidence, 6 acupuncture visits are not medically necessary.