

<b>Case Number:</b>	CM14-0202789		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Chiropractor (DC), has a subspecialty 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 56 year old male who reported right shoulder pain from injury sustained on 10/22/11. There were no diagnostic imaging reports. The diagnosis was illegible. Handwritten notes dated 10/07/14 are illegible. Per medical notes dated 10/07/14, patient complains of right shoulder pain rated at 8/10 that is worse with overhead reaching. Physical therapy has provided no relief. Examination revealed positive empty can test and positive cross-arm test, patient also demonstrated pain with flexion. Provider requested 1X6 acupuncture treatments which were non-certified by the utilization review on 11/10/14. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, once per week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture

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

**Decision rationale:** Provider requested acupuncture treatments once per week for six weeks which were non-certified by utilization review on 11/10/14. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Handwritten notes dated 10/07/14 are illegible. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits if any previously administered. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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. Acupuncture is used as an option when pain medication is reduced or not tolerated, which is not documented in the provided medical records. Per review of evidence and guidelines, acupuncture treatments once per week for six weeks are not medically necessary.