

<b>Case Number:</b>	CM14-0205514		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 a licensed Chiropractor (DC) & Acupuncturist 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:

Claimant is a 54 year old male who sustained a work related injury on 6/3/2010. Per a Pr-2 dated 10/30/14, the claimant was felt to have impingement syndrome of the right shoulder. Physical examination reveals tenderness over his right AC joint, lateral right shoulder and right acromiom. Flexion, adduction, and internal rotation causes accentuated pain. His diagnoses are right shoulder impingement, disturbance of skin sensation, ankylosis of joint, other affections of right shoulder, and articular cartilage disorder. Surgery is being requested and he is working modified duty of no lifting over 20 pounds, no excessive use of right hand/arm, and no lifting above shoulder level or working with arms above shoulder level. Prior treatment has included six right wrist surgeries, physical therapy, injections, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Acupuncture twice a week for six 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:** It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits

exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted. There is no authorization for the surgery submitted, so post-surgical acupuncture should be requested after the surgery. Therefore, this request is not medically necessary.