

<b>Case Number:</b>	CM15-0001973		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Chiropractor, 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 34- year old male who sustained an industrial injury on May 23, 2014. He has reported right shoulder and neck pain. The diagnoses have included sprain of the right shoulder and upper arm, neck sprain and thoracic sprain. Treatment to date has included pain medications, physical therapy, acupuncture therapy, an orthopedic consultation and routine monitoring. Currently, the IW complains of right shoulder pain that was 70 percent improved following a steroid injection in the AC joint; however, the pain was starting to increase again. Range of motion and mobility had improved. Currently the worker could not lay on his right side and the joint had crepitus. The worker also complained of headaches, diarrhea, numbness in the arm and fever thought to be a result of the recent injection. Physical exam was remarkable for slight tenderness in the right shoulder, positive crepitus, and range of motion limited. Diagnosis was right shoulder impingement. Treatment plan included Naproxen for pain and follow up in six weeks. Restriction included caution with overhead activity. On August 16, 2014, the Utilization Review decision modified a request for 19 acupuncture visits to approve 6 sessions, noting the guidelines allow for 24 visits and treatment may continue if functional improvement is documented, the worker had completed 19 visits and an additional six visits was allowed as a reasonable amount of additional visits. The MTUS, Acupuncture Medical Treatment Guidelines were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of Acupuncture for the right shoulder with electrical stimulation, moxibustion and tape for one visit per week for nineteen weeks, which was modified to approve one visit per week for six weeks.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture for the right shoulder with e-stim, moxibustion and tape 1x16x16:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. The Utilization Review decision modified a request for 19 acupuncture visits to approve 6 sessions, noting the guidelines allow for 24 visits and treatment may continue if functional improvement is documented, the worker had completed 19 visits and an additional six visits was allowed as a reasonable amount of additional visits. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 16 acupuncture treatments are not medically necessary.