

<b>Case Number:</b>	CM15-0109270		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/11/2001
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: 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 53 year old male who sustained an industrial injury on 10/11/01 injuring his spine. He has had multiple surgeries to his cervical spine, he had lumbar surgery, thoracic surgery and left shoulder surgery. He currently complains of left shoulder pain that radiates to the arm and neck and crepitus. On physical exam of the left shoulder there was pain on palpation anteriorly and posteriorly with limited range of motion. Medications are Percocet, Morphine Sulfate, Oxycontin, and Paxil. Diagnoses include cervical sprain/ strain, status post multiple cervical operations with extensive cervicothoracic reconstruction; lumbosacral fusion, status post hardware removal; status post upper thoracic discectomy; shoulder pain, status post left shoulder replacement with post-operative infection requiring resection arthroplasty and antibiotics; status post additional shoulder replacement and revision (5/13/14). Treatments to date include medications; physical therapy; acupuncture; injections into the thoracic spine. Diagnostics include computed tomography of the left shoulder (1/28/14) showing anterior dislocation of the humeral head, joint effusion, mechanical loosening versus particle disease. In the progress note dated 4/27/15 the treating provider's plan of care includes a request to continue acupuncture to the left shoulder as it has been helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown acupuncture treatments to the left shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for shoulder, notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity.

**Decision rationale:** The acupuncture guidelines does not cover shoulder injuries (9792.21. Medical Treatment Utilization Schedule (2) Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints"). The Official Disability Guidelines (ODG) for shoulder notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity. The recent request from provider did not indicated the number of sessions requested, the frequency for the acupuncture care, goals for such request or how many sessions the patient had in the past and the specific benefits obtained with such care. Therefore the request for acupuncture is not medically necessary.