

<b>Case Number:</b>	CM15-0133152		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/12/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 52 year old female who sustained an industrial injury on 4/12/15. She had complaints of right shoulder, right elbow, right hand and right wrist pain. Orthopedic evaluation dated 6/17/15 reports intermittent moderate right shoulder pain aggravated by reaching overhead, above and behind, lifting, carrying, pushing, pulling and lying on the right side. The pain is described as pinching with popping, grinding and clicking. The right elbow pain is intermittent and moderate. No symptoms reported in the right hand and wrist. Diagnoses include: right trapezius strain, right shoulder strain with impingement syndrome with partial cuff tear and right elbow lateral epicondylitis. Plan of care: request acupuncture program 2 times per week for 4 weeks and provided right shoulder steroid injection. Work status: may work with restrictions no lifting over 20 pounds. Follow up on 7/15/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 2 times a week for 4 weeks, right 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) Shoulder: 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 (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. In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management would have been reasonable and supported by the ODG guidelines. The guidelines note that the amount to produce functional improvement is 3 to 4 treatments. The same guidelines could support additional care based on the functional improvements obtained with the trial. As the primary care physician requested an initial 8 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, not supported for medical necessity.

**Acupuncture treatment 2 times a week for 4 weeks, right elbow:** Upheld

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

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

**Decision rationale:** Based on the records available, the patient did not have had prior acupuncture. Given the continued pain complains despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvements obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines criteria without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.