

<b>Case Number:</b>	CM15-0139496		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 71 year old female who sustained an industrial injury on September 24, 2014. She has injured her left shoulder by lifting and sliding a case of water thru a check stand. She has reported left shoulder pain and has been diagnosed with rotator cuff left shoulder and impingement left shoulder. Treatment has included acupuncture and physical therapy. Objective findings note shoulders were symmetrical. Passive range of motion was intact. There was a positive impingement sign. There was a painful arc. There was decreased range of motion with forward flexion at 158 degrees, abduction at 156 degrees, and internal rotation at 66 degrees. Strength was decreased. The treatment plan included acupuncture. The treatment request included additional acupuncture to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional Acupuncture to left shoulder 2 times a week for 3 weeks: 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 chapter: 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). Based on the reports from the provider: on 05-08-15 the patient was working full duties (no intolerance noted); on 06-08-15 patient was working full duties (no intolerance noted); on 7/7/15 patient was working full duties (no intolerance noted), although the left shoulder range of motion was improved when compared to the prior report, no function-activities of daily living improvement was described; on 08-03-15 patient continued working full duties (no intolerance noted), no range of motion measurements were included and specific functional improvements were described. 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 patient underwent an unknown number of acupuncture sessions in the past without any significant functional improvement documented. Consequently, the additional acupuncture requested is not supported for medical necessity.