

<b>Case Number:</b>	CM15-0160116		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 52 year old female who sustained an industrial injury on March 31, 2009. A primary treating follow up visit dated July 13, 2015 reported subjective complaint of chronic bilateral shoulder pain, left side greater. She reports the pain feeling better with rest, medications and acupuncture session. She still has 4 sessions remaining and reports a two day relief of pain following each acupuncture session. She continues taking Ultracet and Naproxen along with Omeprazole. The following diagnosis was applied: pain in joint shoulder. There is note of physical therapy session pending authorization. She is permanent and stationary. At follow up dated April 28, 2015 the plan of care noted: recommendation for additional acupuncture session, and continue with current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture once per week for 4 weeks to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, 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:

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 do 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. The patient underwent six acupuncture sessions in the past without any significant functional improvement documented. Consequently, the additional acupuncture requested is not supported for medical necessity.