

<b>Case Number:</b>	CM15-0166560		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/27/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 42 year old female who sustained an industrial injury on 7-27-2014. She was injured by cumulative trauma by lifting heavy trays. She has reported left shoulder pain and has been diagnosed with left shoulder derangement. Treatment has included medications, physical therapy, and medical imaging. On examination of the left shoulder there was tenderness noted over the supraspinatus and deltoid complex. Codman drop arm test was positive. Range of motion was restricted due to pain. The treatment plan included a MRI of the left shoulder, X-ray of the left shoulder, and acupuncture. The treatment request included 8 acupuncture sessions for the left shoulder 2 x a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture sessions for the Left Shoulder 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Treatment guidelines recommend 3-6 visits to produce functional improvement. It states that acupuncture may be extended with documentation of

functional improvement. Based on the medical records, there was no evidence of prior acupuncture session. Therefore an initial trial is medically necessary. However, the provider's request for 8 acupuncture session exceeds the guidelines recommendation for an initial trial for which the guideline recommends 3-6 session. Therefore, the provider's request is not medically necessary at this time. However, 6 acupuncture sessions would be reasonable and appropriate for the patient. Additional acupuncture sessions beyond the initial trial are recommended with documentation of functional improvement from prior sessions.