

<b>Case Number:</b>	CM15-0182970		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: 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 58 year old female, who sustained an industrial injury on 6-17-2013. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, shoulder pain rotator cuff syndrome and right shoulder surgery. A recent progress report dated 9-4-2015, reported the injured worker complained of right shoulder pain. Physical examination revealed a stable neurological exam and physical exam with "no changes". Treatment to date has included functional restoration program, acupuncture (amount unknown), physical therapy, home exercise program, Acetaminophen and Voltaren gel. The physician is requesting Acupuncture referral x 6 sessions for the right shoulder. On 9-16-2015, the Utilization Review noncertified the request for Acupuncture referral x 6 sessions for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture referral x 6 sessions for the right shoulder:** Upheld

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

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

**Decision rationale:** The utilization review document of September 14, 2015 denied the treatment request for six sessions of acupuncture to the patient's right shoulder citing CA MTUS acupuncture treatment guidelines. The patient was reported to be experiencing chronic pain syndrome, shoulder pain, enthesopathy of the shoulder region, rotator cuff syndrome and pain in the right limb with sprain of the right shoulder. The patient's prior history of acupuncture was reported as being helpful with pain and activities of daily living. The treatment request failed to identify whether objective evidence of functional improvement following the application of prior acupuncture care leading to denial of requested treatment. The reviewed medical records failed to identify the medical necessity for continued utilization of acupuncture to the patient's shoulder, six additional visits and failed to comply with CA MTUS acupuncture treatment guidelines that require as a prerequisite for additional treatment, evidence of functional improvement following a prior course of acupuncture treatment. The request is not medically necessary.