

<b>Case Number:</b>	CM15-0194330		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/31/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female injured worker suffered an industrial injury on 1-31-2004. The diagnoses included chronic pain syndrome, brachial neuritis, and rotator cuff syndrome. On 9-3-2015 the treating provider reported right pain rated 4 out of 10 with progress note 8-18-2015 pain rated 3 out of 10. He reported the range of motion was restricted with tenderness. The injured worker reported 8 sessions of acupuncture had helped overall decrease in pain and she'd like to continue. The provider noted she was having fewer flare-ups and no increase in pain medication. Prior treatment included Nabumetone, Tylenol and Terocin patch. The Utilization Review on 9-17-2015 determined non-certification for Acupuncture x 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8:** Upheld

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

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2006 with injury to the right shoulder while working as a janitor. She was seen by the requesting

provider on 03/09/15. She was having upper back and right shoulder pain. Prior treatments had included medications and chiropractic care. She had pain rated at 5/10. She was continuing to work without restrictions on a part-time basis. There was decreased and painful right shoulder range of motion with positive impingement testing and positive crossover testing. There was shoulder and trapezius muscle tenderness. There was right wrist tenderness with positive Tinel's testing. Authorization was requested for six sessions of acupuncture. On 04/30/15 she attended the sixth acupuncture treatment. The treatments had helped somewhat with pain. The assessment references the claimant as a good candidate for physical therapy. She had ongoing shoulder pain which was rated at 7/10. Additional acupuncture treatments were started on 06/23/15. As of 07/30/15 she had completed six more treatments. She had pain rated at 5/10. More acupuncture treatments were provided with another eight treatments as of 09/03/15. She had pain rated at 4/10. There was decreased and painful shoulder range of motion. There was ongoing shoulder and trapezius muscle tenderness. Authorization for another eight acupuncture treatments is being requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number and duration of treatments are well in excess of guideline recommendations. Pain scores are essentially unchanged and there is no reported change of function. The request is not medically necessary.