

<b>Case Number:</b>	CM15-0195998		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 57 year old male, who sustained an industrial injury on 12-4-2012. Diagnoses include chronic left shoulder pain, status post left shoulder arthroscopy in 2013, and psych and sexual dysfunction diagnoses. Treatments to date include activity modification, physical therapy, medication therapy, and steroid joint injection. On 9-8-15, an acupuncture result and recommendation report documented he reported no significant changes in pain from acupuncture; however did reported increase in function and energy. The records indicated 8 acupuncture treatment sessions from 6-11-15 to 9-8-15 were completed. On 9-3-15, he reported ongoing pain in the left knee, shoulders, and right elbow. Current medications included Norco 10-325mg and Relafen. The physical examination documented tenderness over the trapezius muscles bilaterally, pain with external rotation, and weakness of the left shoulder with abduction and flexion. The plan of care included ongoing medication therapy and additional acupuncture treatments to the left shoulder. The appeal requested authorization for eight (8) acupuncture treatment sessions for the left shoulder. The Utilization Review dated 9-24-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x8 sessions for the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient had completed 8 acupuncture sessions since 6/11/2015. The patient has shown functional improvement in personal care, lifting, sex life, and social life. The patient is able to do mental agility and physical strength, gained more energy. It was reported that after acupuncture treatments, the patient's Oswestry score decrease from 42% to 30%. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the documentation of functional improvement gained from 8 acupuncture session, the provider's request for 8 additional acupuncture sessions is medically necessary at this time. More visits may be necessary with documentation of functional improvement.