

<b>Case Number:</b>	CM15-0198188		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male with a date of injury of January 20, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain, posterior labral tear of the right shoulder, left shoulder pain, and chronic impingement of the left shoulder. Medical records dated June 12, 2015 indicate that the injured worker complained of bilateral shoulder pain, and paresthasias down the left shoulder. A progress note dated September 14, 2015 documented complaints of pain rated at a level of 10 out of 10 and 2 to 3 out of 10 with medications. Per the treating physician (September 14, 2015), the employee had work restrictions including no repetitive use of the bilateral shoulders, no reaching overhead, and no lifting over ten pounds. The physical exam dated June 12, 2015 reveals decreased range of motion of the bilateral shoulders, and increased symptoms on the left with Jackson's maneuver of the cervical spine. The progress note dated September 14, 2015 documented a physical examination that showed diminished range of motion in the bilateral shoulders right worse than left, positive impingement maneuvers in the bilateral shoulders, positive Spurling's maneuver on the left, and sensory changes in the C6 nerve distribution in the left upper extremity. Treatment has included medications (Norco) and physical therapy. The utilization review (October 6, 2015) partially certified a request for four sessions of acupuncture (original request for eight sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks, remaining 4 visits:** Upheld

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

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

**Decision rationale:** Review indicates the request for Acupuncture was modified for 4 sessions. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this chronic January 2015 injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication or extenuating circumstances to support this request for 8 visits or specific conjunctive therapy towards a functional restoration approach per guidelines criteria. The Acupuncture 2 times a week for 4 weeks, remaining 4 visits is not medically necessary and appropriate.