

<b>Case Number:</b>	CM15-0214618		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: 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:

This 57 year old female sustained an industrial injury on 12-28-13. Documentation indicated that the injured worker was receiving treatment for right shoulder rotator cuff repair and left shoulder rotator cuff sprain and strain. Previous treatment included right shoulder arthroscopic rotator cuff repair (5-29-14), physical therapy, chiropractic therapy, acupuncture and medications. The number of previous therapy sessions was unclear. In a PR-2 dated 3-31-15, the injured worker complained of pain to the right shoulder with radiation to the right hand, neck pain with radiation to the head and left shoulder pain, rated 7 to 9 out of 10 on the visual analog scale and left leg numbness. Physical exam was remarkable for cervical spine range of motion: flexion and extension 20 degrees, left rotation 50 degrees, right rotation 40 degrees, left lateral flexion 25 degrees and 35 degrees right lateral flexion, left shoulder range of motion: 95 degrees flexion and 130 degrees abduction, right shoulder range of motion: 90 degrees flexion and 95 degrees abduction and positive shoulder depression test bilaterally. The treatment plan included continuing chiropractic therapy physiotherapy, continuing acupuncture and requesting authorization for magnetic resonance imaging left shoulder and orthopedic consultation left shoulder. In a PR-2 dated 9-3-15, the injured worker complained of ongoing pain to the right shoulder with radiation to the right hand associated with numbness and tingling, neck pain with radiation down both arms associated with numbness and tingling and left shoulder pain with numbness and tingling, rated 7 to 8 out of 10. Physical exam was remarkable for cervical spine range of motion: flexion and extension 25 degrees, left rotation 65 degrees, right rotation 60 degrees, and bilateral lateral flexion 25 degrees, left shoulder range of motion: 30 degrees flexion

and 60 degrees abduction and right shoulder range of motion: 90 degrees flexion and 80 degrees abduction with positive bilateral shoulder depression test. The treatment plan included continuing acupuncture once a week for six weeks for the right shoulder, chiropractic therapy physiotherapy, continuing home exercise and requesting magnetic resonance imaging right shoulder and electrodiagnostic study of the upper extremities due to worsening radicular complaints and paresthesia. On 10-7-15, Utilization Review noncertified a request for acupuncture for the right shoulder, once a week for six weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture treatment, once a week for 6 weeks, for the right shoulder: Upheld**

**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 utilization review document of 10/7/2015 denied the treatment request for additional acupuncture treatment, one visit per week for six weeks in management of the patient's right shoulder citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflected a prior negative determination in March 2015 with no evidence of a subsequent appeal addressing functional improvement with prior applied care. The records also did not contain the number of completed acupuncture visits prior to either utilization reviews or any evidence subsequent to denial that functional improvement as required by the CA MT US acupuncture guidelines for consideration of additional treatment was provided. Medical necessity for additional care, one visit for six weeks in management of the patient shoulder as again not been substantiated or compliance with CA MTUS acupuncture treatment guidelines, therefore is not medically necessary.