

<b>Case Number:</b>	CM15-0032330		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 61 year old male, who sustained a work/ industrial injury on 5/27/11. He has reported symptoms of right shoulder pain that radiated half way down the arm. Prior medical history included diabetes mellitus; hypertension, hyperlipidemia, and chest pain suspicious of angina .The diagnoses have included complete rupture of the right rotator cuff, rotator cuff syndrome, and adhesive capsulitis of the right shoulder. Treatments to date included medication, surgery, psychiatry for depressed mood, and prior 26 sessions of acupuncture. Diagnostics included Magnetic Resonance Imaging (MRI) of the right shoulder with contrast. The treating physician's report (PR-2) from 11/4/14 indicated the Injured Worker complaining of frequent severe pain in the right shoulder that was described as achy, sharp, throbbing, and pressure and was aggravated by cold weather. The pain radiated halfway down the arm. Physical exam noted crepitus of the right shoulder. There was 3+ spasm and tenderness to the right shoulder muscles and right rotator cuff muscles. Codman's, Speed's, and supraspinatus test were positive on the right. Due to prior success with sessions with improved activities of daily living (ADL's) and decreased medication, a request was made for post-op acupuncture to the right shoulder. On 1/21/15, Utilization Review non-certified a Post -op Acupuncture 3x Wk x 2 Wks, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, American College of Occupational and Environmental Medicine (ACOEM)Guidelines, Chapter 9, Shoulder Complaints and Acupuncture Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post -op Acupuncture 3x Wk x 2 Wks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments 2. Frequency: 1-3 times per week 3. Optimum duration is 1-2 months 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 6 sessions. This is not in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore the request is not in excess of the recommended initial treatment sessions and is certified.