

<b>Case Number:</b>	CM15-0038698		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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:

The injured worker is a 59 year old male, who sustained an industrial injury, reported on 4/11/2013. He reported slight pain to the right shoulder with weakness at the Deltoid and bilateral wrists, left shoulder pain, swollen right fingers and numbness in the right hand. The diagnoses were noted to right sided rotator cuff tear and impingement syndrome; carpal tunnel syndrome; and neck sprain. Treatments to date have included consultations; multiple diagnostic imaging studies; electromyogram studies; arthroscopic rotator cuff repair surgery; physical therapy; home exercise program; and medication management. The work status classification for this injured worker (IW) was noted to remain off work until 2/17/2015. On 1/29/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/23/2015, for 6 acupuncture sessions, 2 x a week x 6 weeks, without stimulation, 15 minutes, for the bilateral shoulders - modified to 6 sessions. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, acupuncture, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Acupuncture, 2 per week for 6 weeks to the Bilateral Shoulders: Upheld**

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines recommends 3-6 visits for an initial trial of acupuncture. It states that acupuncture may be extended if there is documentation of functional improvement. There was no evidence of prior acupuncture care. The patient was authorized 6 acupuncture visits out of the 12 requested which are consistent with the acupuncture guidelines. The provider's request for 12 acupuncture session to the bilateral shoulder exceeds the acupuncture medical treatment guidelines for an initial trial. The request is inconsistent with the guidelines and therefore it is not medically necessary at this time.