

<b>Case Number:</b>	CM15-0049972		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 66 year old female, who sustained an industrial injury on 1/13/12. She reported pain in the neck, back and right shoulder. The injured worker was diagnosed as having cervical sprain, shoulder impingement, lumbar strain and shoulder joint derangement. Treatment to date has included right shoulder injection and pain medications. As of the PR2 dated 2/11/15, the injured worker reports an exacerbation of her right shoulder pain. The treating physician noted limited range of motion and a positive impingement sign. The treating physician requested acupuncture 3x weekly for 4 weeks for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 times a week for 4 weeks for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the guidelines make no recommendation on the number of acupuncture sessions. Therefore, an alternative guideline was consulted. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. There was no evidence of prior acupuncture treatments. Therefore, the patient is a candidate for a trial of acupuncture sessions. However, the provider's request for 12-acupuncture session to the right shoulder exceeds the guidelines recommendation for an initial trial. Therefore, the provider's is not consistent with the evidence-based guidelines and it is not medically necessary at this time.