

<b>Case Number:</b>	CM15-0081638		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: 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 58 year old male, who sustained an industrial injury on 10/19/2012. He reported injury of the neck, right hand and right shoulder, after a tire fell on his foot. The injured worker was diagnosed as having right shoulder post-operative adhesive capsulitis status post rotator cuff repair, right shoulder cervical spondylosis, and right shoulder carpal tunnel release. Treatment to date has included medications, shoulder surgery, magnetic resonance imaging, and physical therapy. The request is for acupuncture for the cervical spine. On 2/26/2015, he complained of shoulder pain. The treatment plan included: surgery, and physical therapy. The records indicate he had a glenohumeral joint injection and subacromial injection without relief. On 4/9/2015, he complained of pain and stiffness continuing to the right shoulder after surgery. The treatment plan included: shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 8 visits cervical:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (surgery, oral medication, physical therapy, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not medically necessary.