

<b>Case Number:</b>	CM15-0088762		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/08/2003
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 59 year old, male who sustained a work related injury on 9/8/03. The diagnoses have included flare up of subacromial bursitis and status post left shoulder surgery. The treatments have included right shoulder surgery, 18-20 sessions of acupuncture with significant benefit, home exercises, medications and right shoulder injections. In the PR-2 dated 4/1/15, the injured worker complains of achiness and soreness in right shoulder. He stopped weight training because "he felt a pop within the shoulder and felt this feeling describes as 'bubble wrap' motion in his shoulder thereafter." Examination of the right shoulder demonstrates no crepitus. He has near-full range of motion with shoulder but has some signs of impingement. Mild bicep tenderness is noted. The treatment plan is for another 4-6 acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the Right Shoulder QTY: 6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for shoulder, notes

that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity.

**Decision rationale:** The acupuncture guidelines does not cover shoulder injuries ( 9792.21. Medical Treatment Utilization Schedule (2) Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints). The Official Disability Guidelines (ODG) for shoulder, notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity. The patient underwent between 18 to 20 acupuncture sessions in the past, with the provider mentioning that benefits obtained included function improvement (no specifics reported), medication intake reduction (no specifics reported) and activities of daily living improvement (no specifics reported). Consequently, without any significant improvement(s) attributable to prior acupuncture documented, the additional acupuncture (x 6) requested is not supported for medical necessity.