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| <b>Case Number:</b>   | CM15-0088897 |                              |            |
| <b>Date Assigned:</b> | 05/13/2015   | <b>Date of Injury:</b>       | 10/11/2013 |
| <b>Decision Date:</b> | 06/15/2015   | <b>UR Denial Date:</b>       | 04/08/2015 |
| <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 male patient who sustained an industrial injury on 10/11/2013 described as a repetitive motion injury after having had lifted heavy bags of laundry consistently. Medical treatment attempted to include: physical therapy session, anti-inflammatory agents, oral pain medications, modified work duty. The initial evaluation form dated 11/05/2013 reported the patient with subjective complaint of bilateral shoulder pain right side greater. He was diagnosed with bilateral rotator cuff tendonitis. Objective findings showed bilateral shoulders range of motion within normal limits. He is currently working modified job duty, attending physical therapy sessions, and participating in a home exercise program. The patient is described as not progressing with therapy, pain unchanged. By 10/27/2014 the patient has subjective complaint of burning bilateral shoulder pain that radiates up the neck and down the bilateral arms, elbows, fingers associated with muscle spasms. In addition, he is frustrated, stressed from the injury and all associated with it. The treating diagnoses are: bilateral shoulder strain/sprain; rule out bilateral shoulder internal derangement; bilateral wrist pain, and stress. Current medications consist of: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Flexeril, and Ketoprofen cream. He is to remain on temporary total disability through 11/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that, an unknown number of prior acupuncture sessions were rendered, no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the medical necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not medical necessary.