

<b>Case Number:</b>	CM14-0121373		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 63 year old female patient with chronic right shoulder pain, date of injury is 6/17/2013. Previous treatments include medications, injections, acupuncture, physical therapy, arthroscopy, TENS unit and home exercise program. Progress report dated 07/16/2014 by the treating doctor revealed patient with long history or chronic right shoulder pain since about 2007, she received multiple injections to the right shoulder, she is status post arthroscopy 09/12/2013. Since last visit she reports she is much improved with acupuncture, diclofenac gel is also helpful, she still has pain for elevation the arm and is able to lay on the side at night, rarely takes acetaminophen. Currently, the patient has right shoulder/lateral deltoid pain that is aching, 1-2/10 and variable. Right shoulder examination noted tender to palpation, AROM: flexion 150, abduction 150, external rotation 60, mild positive Neers, right shoulder abduction and external rotation weakness (4/5). Diagnoses include right rotator cuff tear and neck muscle strain. The patient returned to full work as of 07/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture 1x6 for the right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Progress report dated 07/16/2014 revealed patient had completed 6 acupuncture treatments with pain level decreased from 2-6/10 to 1-2/10, she is able to lay on her side at night, she rarely take acetaminophen, she has more shoulder range of motion and less positive orthopedic test, and most importantly, she is back to work full duties. Based on the guidelines cited, the request for additional 6 chiropractic treatment is medically necessary.