

<b>Case Number:</b>	CM14-0122646		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 33-year-old male who reported an injury on 02/09/2012, secondary to heavy lifting. The current diagnoses include right elbow lateral epicondylitis, lumbar spine strain, cervical sprain/strain, thoracic sprain/strain, right shoulder pain, right wrist pain, and residuals following a distal biceps tendon rupture with surgical repair. It is noted that the injured worker underwent right bicep surgery in 04/2013. Previous conservative treatment includes physical therapy, immobilization, home exercise, acupuncture, and chiropractic treatment. The injured worker has undergone multiple diagnostic studies including an MRI of the right wrist in 02/2014, MRI of the left wrist in 05/2014, MRI of the right elbow in 04/2014, and an MRI of the right shoulder in 06/2014. The injured worker was evaluated on 06/04/2014 with complaints of persistent pain and activity limitation. Physical examination of the right shoulder revealed decreased and painful range of motion with 170 degree flexion, 40 degree extension, 170 degree abduction, 30 degree adduction, 70 degree internal rotation, and 80 degree external rotation. Treatment recommendations at that time included continuation of acupuncture treatment twice per week for 6 weeks. A request for authorization form was then submitted on 06/04/2014 for ongoing acupuncture treatment twice per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks for Right Shoulder/Arm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: ACUPUNCTURE GUIDELINES

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

**Decision rationale:** The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 12 sessions of acupuncture exceeds guideline recommendations. Additionally, the current request is for continued acupuncture treatment. However, there is no documentation of objective functional improvement following an initial course of acupuncture. Based on the clinical information received and the California MTUS Guidelines, the request of acupuncture 2 times a week for 6 weeks for Right Shoulder/Arm is not medically necessary and appropriate.