

<b>Case Number:</b>	CM14-0212084		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Chiropractor, 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 patient is a 60-year-old male with a date of injury of 8/24/2011. According to the progress report dated 11/7/2014, the patient complained of persistent pain and stiffness in the right shoulder and pain to the ring finger. Significant objective findings include tenderness and decrease range of motion in the right shoulder. The patient was diagnosed with status post right shoulder surgery, psychological sequelae, status post trigger finger or thumb release, and trigger finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of acupuncture for the right shoulder:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. The guideline states that acupuncture may be

continued with evidence of functional improvement. Upon review of the submitted documents there was no evidence that the patient completed a trial of acupuncture. The patient is a candidate for a trial of acupuncture sessions; however, the provider's request for 12 acupuncture sessions to the right shoulder exceeds the guidelines recommendation and therefore is not medically necessary at this time.