

<b>Case Number:</b>	CM15-0100045		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: 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 injured worker is a 58-year-old female, who sustained an industrial injury on 9/19/2012. Diagnoses have included disorders of bursae and tendons in shoulder region unspecified. Treatment to date has included shoulder surgery, transcutaneous electrical nerve stimulation (TENS) unit, cognitive behavioral therapy and medication. According to the progress report dated 4/2/2015, the injured worker complained of right shoulder pain. She continued to work with difficulty. She reported that pain medications were helpful. She also complained of pain in the neck, right arm and right wrist. She rated her current pain as 8/10. Exam of the right shoulder revealed positive Hawkin's test. Authorization was requested for acupuncture twice a week for four weeks for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice (2) per week for four (4) weeks 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:** Provider requested initial trial of 8 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.