

<b>Case Number:</b>	CM15-0109296		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: 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 29 year old female, who sustained an industrial injury on 3/10/10. She reported pain in her left shoulder. The injured worker was diagnosed as having status post left shoulder arthroscopy secondary to SLAP lesion and neuropathic pain. Treatment to date has included oral and topical medications. As of the PR2 dated 5/1/15, the injured worker reports persistent left shoulder pain. Objective findings include a positive Hawkins test, left shoulder flexion 100 to 60 degrees and abduction 160 degrees. The treating physician requested acupuncture x 10 session to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Sessions of Acupuncture for the Left Shoulder:** Upheld

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

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

**Decision rationale:** It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, ten visits exceeds recommended guidelines. Evidenced based

guidelines recommend a trial of acupuncture for chronic pain, but a request for 10 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Ten visits of acupuncture are not medically necessary.