

<b>Case Number:</b>	CM15-0012078		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 52 year old male, who sustained an industrial injury on January 29, 2007. He has reported bilateral shoulder and elbow injury. The diagnoses have included carpal tunnel syndrome, shoulder osteoarthritis, shoulder joint pain, upper arm joint pain, lumbago, thoracic/lumbosacral neuritis/radiculitis, shoulder bursae, synovitis and tenosynovitis, and superior glenoid labrum lesions. Treatment to date has included physical therapy, medications, radiological imaging, and left shoulder surgery. Currently, the IW complains of continued bilateral shoulder, and elbow pain. The records indicate a magnetic resonance imaging of the right shoulder to reveal rotator cuff tendinosis with a partial undersurface tear, and a SLAP lesion. The records indicate previous physical therapy to be of minimal help, and the completed 8 myofascial therapy visits to have slight improvement. On January 26, 2015, there were no changes in symptomology. On January 2, 2015, Utilization Review non-certified 8 visits of acupuncture for both shoulder and the right elbow based on Acupuncture and ACOEM guidelines. On January 13, 2015, the injured worker submitted an application for IMR for review of 8 visits of acupuncture for both shoulder and the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** It is unclear if the patient has had prior acupuncture sessions or if the request is for initial trial of care. Provider requested 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.