

<b>Case Number:</b>	CM15-0110138		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/22/2009
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/18/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on 11/22/2009. On provider visit dated 05/08/2015 the injured worker has reported bilateral shoulder pain. On examination the Jamar Grip strength was noted as right 16,18,18 and the left was 18,20,20 and lateral pinch test was noted as right 2,4,4 and left 4,6,6. Otherwise examination was unremarkable. The diagnoses have included bilateral shoulder rotator cuff tendinitis and bilateral shoulder rotator cuff tears, bilateral recurrent carpal tunnel syndrome, bilateral wrist and hand pain, and bilateral elbow lateral epicondylitis. Treatment to date has included therapy. The provider requested acupuncture 2x4 to the left shoulder and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times four to the left shoulder and bilateral wrists:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in November 2009 and continues to be treated for bilateral shoulder pain. When seen, there had been improvement with therapy. There was full shoulder range of motion. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations and the presence of ongoing functional deficits is not documented. The requested acupuncture treatments were not medically necessary.