

<b>Case Number:</b>	CM15-0113405		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 71-year-old male who sustained an industrial injury on 12/22/2009, causing him right shoulder pain, insomnia, and decreased range of motion. Diagnoses were adhesive capsulitis and right long head of bicep tendon rupture, with subsequent, post-surgical diagnosis of rotator cuff syndrome. Treatments have included oral and transdermal pain medication, surgery, physical therapy, chiropractic therapy, transcutaneous electrical neurostimulation, acupuncture, and injections. Physical therapy treatments resulted in some improvement with range of motion. 6 sessions of acupuncture provided some pain relief but no functional improvement was noted. Treating physician's plan of care includes an additional 6 sessions of acupuncture without stimulation, and pain medication. He is presently on permanent and stationary status and unable to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture therapy sessions 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:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.