

<b>Case Number:</b>	CM15-0114544		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: 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:

This is a 56 year old male with a June 4, 2013 date of injury. A progress note dated May 19, 2015 documents subjective complaints (right shoulder and neck pain rated at a level of 7/10; right knee pain rated at a level of 7/10), objective findings (decreased range of motion of the cervical spine; decreased range of motion of the right knee; right quadriceps weakness), and current diagnoses (knee pain; shoulder pain; numbness upper extremity; C7 fracture; distal fibula fracture; T1 fracture; bilateral trapezius strain). Treatments to date have included acupuncture that reduced pain about 50%, right shoulder manipulation under anesthesia, home exercise that showed very minimal progress, medications, and physical therapy. The treating physician documented a plan of care that included acupuncture for the right shoulder, cervical spine, and bilateral trapezius muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk x 3wks right shoulder, cervical spine, bilateral trapezius:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture of 6 sessions, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has had up to 30 sessions of acupuncture with documented functional improvement and 50% reduction of pain. The patient has not had any acupuncture this year, therefore, a trial of 6 sessions is reasonable at this time, due to patient's recent worsening of pain. As such, the currently requested acupuncture is medically necessary.