

<b>Case Number:</b>	CM15-0117657		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old man sustained an industrial injury on 6/12/2013. The mechanism of injury is not detailed. Evaluations include right shoulder MRI dated 2/18/2015. Diagnoses include cervical spine musculoligamentous sprain/strain, cervical spine myospasm, bilateral shoulder arthralgia, and right shoulder internal derangement. Treatment has included oral and topical medications and surgical intervention. Physician notes dated 5/29/2015 show complaints of neck and right shoulder pain. Recommendations include continue chiropractic care, including physiotherapy and acupuncture, orthopedic surgery consultation. Interferential unit for home use, hot and cold pack/wrap or thermal combo unit, Voltaren, Protonix, Fexmid, transdermal analgesics compounds, and follow up in four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks for 12 visits:** Upheld

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

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

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the amount requested exceeds the amount recommended by the guidelines to see functional benefit. As a result, the request for 12 sessions of acupuncture is not medically necessary.

**Chiropractic treatment 2 times a week for 6 weeks for 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. Manual therapy is not recommended for the upper extremity. In this case, the physician had already requested 12 sessions of therapy 2 months prior. As a result, 12 additional chiropractor therapy of the shoulders is not necessary.