

<b>Case Number:</b>	CM15-0125372		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: North Carolina

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:

The injured worker (IW) is a 31-year-old female who sustained an industrial injury 11/27/2007. Diagnoses/impressions include cervical spine sprain/strain; cervical facet syndrome; and right shoulder pain. Treatment to date has included medications, physical therapy, trigger point injections and activity modifications. She was given a steroid injection in the right shoulder for treatment of tendinitis on 6/2/15. An MRI of the right shoulder dated 6/1/15 showed infraspinatus tendinopathy; lateral down sloping shallow type II acromion with mild arthritic changes at the acromioclavicular joint; and a small amount of fluid at the subacromial/subdeltoid bursa. According to the progress notes dated 5/5/15, the IW reported neck pain with a 'clunk' sound with neck movement and right shoulder pain. The neck pain radiated to the right shoulder and to the upper chest. She also complained of arm pain and weakness, tingling, swelling, grinding, locking and giving way sensation in the right shoulder. She rated her pain 8-9/10. On examination, the right shoulder was tender to palpation. Motor strength, sensation and reflexes of the upper extremities were normal. Range of motion of the right shoulder was reduced. A request was made for acupuncture for the right shoulder (frequency and duration unspecified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the right shoulder, frequency and duration unspecified: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments 2. Frequency: 1-3 times per week 3. Optimum duration is 1-2 months 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. The request does not define the amount of sessions and therefore is not medically necessary.