

<b>Case Number:</b>	CM15-0024579		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 48-year-old female, who sustained an industrial injury on June 27, 2013. She reported right shoulder injury. The injured worker was diagnosed as having status post right rotator cuff repair. Treatment to date has included medications, modified work duties, surgery, imaging, subacromial injection, and physical therapy. Currently, the injured worker complains of continued right shoulder pain. The records indicate she underwent right shoulder manipulation under anesthesia on October 31, 2014, On November 7, 2014, she was seen for follow up after the manipulation. She continues to have right shoulder pain complaints. She rates her pain as 8/10 on a pain scale, and has noticed swelling and pain in the right elbow. She reports attending physical therapy 5 days per week and having continued pain. She is noted by the provider to have decreased strength in the right upper extremity. In December 2014, the treating provider recommended additional physical therapy for the continued right shoulder pain. Six sessions of acupuncture were certified as a trial on 2/3/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x 12 for the Right Shoulder and Right Upper Back:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial.