

<b>Case Number:</b>	CM15-0067812		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 was a 59 year old female, who sustained an industrial injury, December 11, 2012. The injured worker received the following treatments in the past right shoulder surgery, right shoulder injection, laboratory studies, Famotidine, Losartan, 12 sessions of physical therapy, right shoulder x-rays, Aleve, Hydrocodone, Flexeril, Naproxen and Tums. The injured worker was diagnosed with sleep disorder, chronic back pain, right shoulder arthroscopic surgery, left shoulder strain, right and left wrist sprains, dyspnea, osteopenia, strain of the shoulder an trapezius muscle, hypertension, GERD, right shoulder rotator cuff repair, left shoulder rotator cuff tendinitis/bursitis. According to progress note of December 16, 2014, the injured workers chief complaint was bilateral shoulder pain, more on the right than the left. The injured worker was having difficulty with accomplishing activities of daily living, secondary to pain. The physical exam noted increased tone with associated tenderness about the paracervical and trapezial muscles. There were no trigger points. The examination of the shoulders revealed tenderness with palpation about the bilateral lateral acromion. There was decreased range of motion to the right shoulder. The treatment plan included acupuncture 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.