

<b>Case Number:</b>	CM15-0070690		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/03/1998
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 61 year old female, who sustained an industrial injury on June 3, 1998. The injured worker was diagnosed as having rotator cuff tear and right shoulder pain. Treatment to date has included physical therapy, x-rays, MRI, and medication. Currently, the injured worker complains of right shoulder pain. The Treating Physician's report dated May 23, 2014, noted the Physician waiting to get approval for the injured worker's surgery. The injured worker was noted to have some tenderness over her AC joint, pain with cross-body adduction, and a weak cuff in the supraspinatus. The treatment plan was noted to include increasing the injured worker's Motrin from 600mg twice a day to 800mg three times a day. The injured worker was noted to have completed at least twelve physical therapy visits without any relief of pain or increase in function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve additional acupuncture sessions:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient was diagnosed with rotator cuff tear and right shoulder pain. There was no documentation of functional improvement from prior acupuncture treatments. Based on the lack of documentation of functional improvement, the provider's request for 12 additional acupuncture sessions is not medically necessary at this time. Additional acupuncture session beyond the initial 6 sessions may be necessary with documentation of functional improvement.