

<b>Case Number:</b>	CM15-0094713		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 79 year old male who sustained an industrial injury on 07/10/09. Initial complaints include left shoulder pain. Initial diagnoses include left rotator cuff tear. Treatments to date include medications, ice, physical therapy, occupational therapy, shoulder injection, left shoulder surgery, and left shoulder replacement. Diagnostic studies include MRIs and electrodiagnostic and nerve conduction studies. Current complaints include neck pain. Current diagnoses include shoulder pain. In a progress note dated 02/02/15 the treating provider reports the plan of care as continued Norco. The requested treatments include acupuncture treatments to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Acupuncture sessions to the Left Shoulder (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Version, Acupuncture.

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

**Decision rationale:** The patient complained of left shoulder pain. The Acupuncture Medical Treatment Guideline recommends acupuncture for pain. It recommends an initial 3-6 visit over 1-2 months to produce functional improvement. It is unclear if the patient received acupuncture therapy in the past. Therefore, the current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for 12 acupuncture sessions to the left shoulder exceeds the acupuncture guidelines for initial trial. Therefore, the provider's request is not medically necessary at this time.