

<b>Case Number:</b>	CM14-0145999		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old female whose date of injury is 06/25/2013. The injured worker sustained an injury while opening a door to the office and a metal ladder fell on top of the injured worker, striking the right shoulder and middle finger. Treatment to date includes 6 sessions of physical therapy and 2 cortisone injections. Orthopedic evaluation dated 07/30/14 indicates that the injured worker was recommended for right shoulder arthroscopy which was subsequently denied on utilization review. Physical examination of the right shoulder notes range of motion is abduction 160, flexion 145, internal rotation L4 to L5 junction and external rotation 90 degrees, rotator cuff strength is 4/5 on the right and 5/5 on the left. Impingement sign and cross arm test are positive. Diagnosis is right shoulder rotator cuff tear, right humeral head avascular necrosis, and right shoulder impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 4 times a week times 1 weeks for the right shoulder:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for acupuncture four times a week for one week right shoulder is not recommended as medically necessary. CA MTUS acupuncture Guidelines note that recommended treatment frequency is 1 to 3 times per week. The injured worker reportedly was improving with physical therapy, and it is unclear why passive modality of acupuncture is being recommended at this point in the injured worker's treatment. There are no specific, time limited treatment goals provided. Given the current clinical data, medical necessity of the requested acupuncture is not established in accordance with CA MTUS guidelines.