

Case Number:	CM13-0016626		
Date Assigned:	11/06/2013	Date of Injury:	11/14/2006
Decision Date:	01/16/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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 patient is a 41 year old female who reported an injury on 11/04/2006. The mechanism of injury was not provided. She has diagnoses of right shoulder impingement syndrome, rotator cuff injury with repair in 2207 but continued symptoms. She has received at least 8 sessions of acupuncture as well as an unspecified amount of physical therapy, but no objective documentation as to the efficacy of either were provided in the records for review. She is currently awaiting an unspecified right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right shoulder X 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend acupuncture if used as an option when pain medication is not tolerated or is reduced, or as an adjunct to physical therapy. Time to produce functional improvement is 3-6 treatments, but may be extended if functional improvement is documented. It is noted that the patient received 8 sessions of acupuncture as late as June 2013, but there is no objective documentation

showing an improvement in function. Therefore, to approve additional treatments would exceed recommended guidelines. As such, the request for acupuncture to the right shoulder x 8 visits is non-certified.