

Case Number:	CM13-0032711		
Date Assigned:	12/11/2013	Date of Injury:	09/18/2012
Decision Date:	01/15/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 49-year-old male with a date of injury of 9/18/12 to the right shoulder. The patient had an arthroscopy on 2/28/13. The patient underwent 8 sessions of acupuncture which was helpful for pain radiating to the mid back. The patient still complains of shoulder pain. He is using ice and heat and taking Tylenol as needed. Exam showed TTP in the anterior capsule. Flexion 160, Extension 50, ER 80 IR 70. Strength: supraspinatus 4-/5, IR 4-/5 Request for additional 8 acupunctures. Also physician is requesting arthrogram of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, two (2) times per week for four (4) weeks for the right shoulder dated 9/11/2013 QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm#Acupuncture>

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that acupuncture treatments may be extended if functional improvement is documented. There was no documentation of functional improvement as defined above. The patient's physical exam was unchanged before and after acupunctures. The physician is also planning to do additional testing with an arthrogram since the patient is not improving. The request for additional acupuncture,

two (2) times per week for four (4) weeks for the right shoulder dated 9/11/2013 QTY: 8.00 is not medically necessary and appropriate.