

Case Number:	CM13-0038480		
Date Assigned:	12/18/2013	Date of Injury:	01/13/2009
Decision Date:	02/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 a licensed Chiropractor, has a subspecialty in Acupuncture 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 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:

Claimant is a 58 year old woman who was involved in a work related injury on 01/13/2009. Her primary diagnosis is shoulder pain. She has pain in her right shoulder that is burning, sharp shooting, pinprick, and deep joint. The pain is aggravated by movement reaching overhead. The pain is mildly alleviated by pain meds and rest. There is decreased range of motion. Prior treatment includes right shoulder arthroscopy, right shoulder cortisone injection, physical therapy, right shoulder manipulation under anesthesia, physical therapy, post surgical physical therapy, and oral medications. She has had six acupuncture visits authorized on 4/22/13 and eight visits authorized on 8/9/13. There is no documentation of completion and/or functional improvement from prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for right shoulder qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: