

Case Number:	CM13-0039255		
Date Assigned:	03/21/2014	Date of Injury:	08/04/2010
Decision Date:	04/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/03/2013

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 Board Certified in Orthopedic Surgery, 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:

Patient is a 44 year old female with an industrial injury on 8/3/10. On 3/21/12 patient had right shoulder arthroscopic surgery. Patient reports that pain is much worse since the surgery. Since the surgery patient has gone to physical therapy. Exam notes from 7/29/13 demonstrate an MRI report noting L4-5, L5-S1 desiccation disc as well as increased signal of annulus. There is report of hyperintensity feature in the annulus. EMG is noted as negative for acute or chronic denervation. Exam notes from 9/3/13 demonstrate patient has dull to sharp neck pain most of the time, radiating to right hand with numbness and tingling. Patient has right shoulder pain radiating to the right arm. Patient also has back pain. Request for acupuncture 2 times 6 for the right shoulder

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES 6 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: There is no evidence in the records of objective functional deficits in the shoulder to support the CA MTUS Acupuncture Guidelines for acupuncture. Therefore the determination is for non-certification.