

Case Number:	CM13-0048318		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2012
Decision Date:	02/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/05/2013

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 Chiropractic, 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:

The patient is a 50 year old male with a date of injury of 09/18/2012. According to the progress report dated 10/23/2013, the patient complained of occasional pain in the mid back and left shoulder. The patient noted that there is no pain in the right shoulder with rest. The right shoulder pain is rated at 4/10 with any activity or use above shoulder level. He continues to report weakness of the right shoulder as well as popping and clicking. He was prescribed Norco and prednisone. Significant objective findings in the right shoulder included positive tenderness to palpation over the anterior capsule and biceps. The ranges of motion in the right shoulder are 180 degrees in flexion, 180 in abduction, 50 in extension, 80 in external rotation, and 70 in internal rotation. Motor strength exam revealed 4-5/5 in the supraspinatus with pain, 4-5/5 with internal rotation with pain, and 5/5 in external rotation with pain. Speed's test was positive on the right. MR arthrogram of the right shoulder dated 10/03/2013 revealed moderate to severe supraspinatus with moderate to high grade articular sided partial thickness tearing and the same for subscapularis subcoracoid impingement. It was negative for labral pathology. The patient was diagnosed with right shoulder partial thickness tear of supraspinatus portion of rotator cuff, right shoulder impingement syndrome, and status post right shoulder arthroscopy dated 2/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2x per week for the right shoulder qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if functional improvement is documented. According to the medical records provided for review, the patient has completed a trial of 8 acupuncture sessions. The provider stated that the patient had improvements in his symptoms, however there was no specific functional improvement documented in the submitted records from the acupuncture treatments. Therefore, the provider's request for additional 8 acupuncture sessions to the right shoulder is not medically necessary and appropriate.