

Case Number:	CM13-0050288		
Date Assigned:	12/27/2013	Date of Injury:	12/24/2009
Decision Date:	03/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/11/2013

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 Medicine 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:

This insured worker's date of injury was December 24, 2009. He has chronic right shoulder pain and chronic low back pain. He had surgery to repair his right rotator cuff. He has been treated TENS unit, acupuncture, muscle relaxers, and Mobic. [REDACTED] note dated 10/08/'13 states that the patient "still has a flair of pain and discomfort involving low back and leg." On physical exam there is improvement in the range of motion and motor strength is 5/5 in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture; Infrared, Myofascial Release QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57 and 118.

Decision rationale: This patient already had 6 sessions of acupuncture. The addition of electroacupuncture, infrared and myofascial release is not medically indicated at this time. The documentation does not address any specific data regarding loss of function or response to previous treatments. The MTUS Chronic Pain Treatment Guidelines only mentions a study that

evaluated electroacupuncture in the treatment of shoulder; however, the study could not confirm any benefit that was independent from the exercise component of the treatment. Low level laser (infrared) is not recommended for treatment of chronic pain. The request for electroacupuncture, infrared, and myofascial release is non-certified.