

Case Number:	CM13-0050348		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2012
Decision Date:	03/11/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	11/13/2013

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 Care and 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 59 year old male who sustained an industrial injury on April 28, 2012. The mechanism of injury was not reported. The patient has been under medical management with [REDACTED] for symptoms associated with a left rotator cuff injury that later was the subject of an arthroscopic repair by [REDACTED] on 08/28/12. Post-operative physical therapy was provided. [REDACTED] requested an initial course of 6 acupuncture sessions on June 24, 2013. Care was to be directed to residual symptoms in the left shoulder. On August 5, 2013, an additional 6 sessions of acupuncture were requested for the bilateral shoulders along with continuing use of Norco. On September 9, 2013, [REDACTED] requested an additional 6 acupuncture sessions to the left shoulder only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left shoulder (3 times per week for 2 weeks): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient completed arthroscopic surgery of the left shoulder for rotator cuff repair followed by post-operative physical therapy and 12 acupuncture sessions. An

additional 6 acupuncture sessions were requested. The Acupuncture Medical Treatment Guidelines require clinical evidence of functional improvement. A review of the medical records provided by [REDACTED] of the acupuncture care provided through September 9, 2013, fails to provide clinical evidence of functional improvement. Therefore, the criteria for additional acupuncture have not been met and the requested acupuncture sessions are not medically necessary or appropriate at this time.