

Case Number:	CM13-0050428		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2011
Decision Date:	08/13/2014	UR Denial Date:	09/27/2013
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 Licensed in Chiropractics, 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 62-year-old female with a date of injury of 10/25/2011. According to the progress report dated 09/09/2013, the patient complained of right shoulder pain. The pain was rated at 7-8/10. The pain was aggravated with activities. Shoulder examination shows no changes and the patient continues to have tenderness to palpation over the right shoulder. In addition, there was tenderness over the left due to compensation. The patient was diagnosed with right shoulder rotator cuff tear and status post-right shoulder rotator cuff surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE SESSION 1 TIME PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2004 OMPG, Pain, Suffering, and the Restoration of Function, Chapter 6, pg. 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be continued if there is documentation of functional improvement. The patient has completed at least 10 acupuncture sessions from 8/8/2013 through 10/31/2013. Comparing progress notes

before and after the acupuncture treatments, it appears that there was no evidence of functional improvement from the provided therapy. The progress report dated 9/09/2013 stated that there were no changes in the patient's physical exam. Based on the lack of functional improvement and evidence-based guidelines, the provider's request for additional acupuncture once a week for four weeks is not medically necessary.