

Case Number:	CM13-0071327		
Date Assigned:	01/08/2014	Date of Injury:	08/21/2013
Decision Date:	07/17/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 44 year old male with a date of injury of 8/21/2013. According to the most recent progress report dated 12/02/1013, the patient complained of left shoulder pain. The patient had completed 12 physical therapy visits and a trial of acupuncture. Significant objective findings include atrophy and crepitus in the cervical spine, decrease range of motion in the cervical spine, and negative Spurling's sign. There was parascapular, upper trapeizus, and anterior glenoid tenderness over the left shoulder. Stability and laxity test for the bilateral shoulders were negative. Speed's and SLAP test were positive for the left shoulder. Neer's, Hawkins, cross body, and lift off test were positive on the left shoulder. The patient was diagnosed with sprain shoulder/arm not otherwise specified 840.9 and sprain/strain shoulder-SLAP lesion 840.7.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE CERVICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. According to the progress note

dated 12/02/2013, the provider stated that the patient completed a trial of acupuncture without any alleviation to the left shoulder. According to the Utilization reviewer's report dated 12/18/2013, it was noted in the documentation dated 12/16/13 that the patient completed 6 acupuncture treatments with minimal benefit and that the provider is requesting 6 additional sessions. Based on the submitted documentation, there was no evidence of functional improvement from the prior acupuncture sessions; therefore, the provider's request for 6 additional acupuncture sessions are not medically necessary.