

Case Number:	CM14-0013470		
Date Assigned:	02/26/2014	Date of Injury:	10/10/2007
Decision Date:	07/24/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 60-year-old male who has submitted a claim for left shoulder pain status post left shoulder arthroscopic surgery associated with an industrial injury date of October 10, 2007. The medical records from 2013 were reviewed. The patient complained of persistent pain on the left shoulder. The pain radiates to the medial scapula. Physical examination showed limitation of motion of the left shoulder. There was pain with Neer's and Hawkins' impingement signs. Motor strength and sensation was intact. An MRI of the left shoulder, dated January 27, 2014, revealed stable supraspinatus tendinosis, interval acromioplasty with bony spurring at the acromion and clavicle, and new small amount of fluid in the subacromial/subdeltoid bursa consistent with mild bursitis. Treatment to date has included medications, physical therapy, and activity modification. There also is no past medical history of any prior acupuncture treatment and functional improvement derived from it.

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: 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 California MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, acupuncture was requested for his left shoulder as he has failed other methods of treatment including therapy. There were no physical examination findings showing progression of symptoms. Moreover, it is not clear whether the patient is enrolled in a physical rehabilitation program where acupuncture would be used as an adjunctive treatment. Furthermore, the present request failed to specify the number of acupuncture sessions. Therefore, the request for acupuncture for the left shoulder is not medically necessary.