

Case Number:	CM14-0029198		
Date Assigned:	06/13/2014	Date of Injury:	03/23/2011
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/07/2014

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 Internal 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 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 injured worker is a 37 year old female whose date of injury is 03/23/11. The mechanism of injury is not described, but the injured worker is noted to have had right shoulder surgery in February 2012. Medical report dated 01/18/14 notes that she is still having problem with her shoulder, as well as right sided neck pain and right elbow pain. She has been taking ibuprofen and gabapentin, which is helping better than tramadol. Examination of the right shoulder revealed tenderness to palpation over the SC and AC joints. Supraspinatus, infraspinatus and greater tuberosity also are tender. There is no atrophy and normal strength. Right shoulder range of motion was abduction 140 degrees; forward flexion 120; internal rotation 30; external rotation 40; adduction 30. Shoulder abduction sign is positive. There is sign of impingement I. Neer's and Hawkins test are positive. CT scan on 11/22/13 revealed subchondral cyst formation humeral head; mild supraspinatus tendinitis; mild infraspinatus tendinitis. Assessment was right shoulder subacromial and subdeltoid bursitis; adhesive capsulitis; impingement syndrome; partial tear supraspinatus tendon. The injured worker was recommended to continue with a course of 24 sessions of chiropractic/physical therapy/modality therapy, and a course of 6 sessions of acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONE (1) TIME A WEEK FOR SIX (6) WEEKS FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per CA MTUS, acupuncture may be an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be documented with 3-6 treatments with optimum duration of 1-2 months. Acupuncture may be extended if functional improvement is documented. The records in this case indicate that the injured worker has been treated with physical therapy and acupuncture; however, there is no comprehensive history of the nature and extent of treatment completed to date. Specifically, there is no documentation of the total number of acupuncture sessions completed to date and no evidence of functional improvement as demonstrated by increased range of motion, strength or improved functional activities. As such, medical necessity is not established for acupuncture one (1) time a week for six (6) weeks for the right shoulder.