

Case Number:	CM14-0035227		
Date Assigned:	06/23/2014	Date of Injury:	11/08/2011
Decision Date:	08/14/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/21/2014

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 Orthopedic Surgery 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 53-year-old female who was reportedly injured on November 8, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 26, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated decreased active range of motion, positive axial compression, positive distraction and pain with internal rotation. Diagnostic imaging studies were not reviewed. Previous treatment included arthroscopic intervention, narcotic analgesic medications and physical therapy. A request was made for acupuncture and a Lidoderm patch and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Six Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 13 of 127 Page(s): 13 OF 127.

Decision rationale: When noting the date of injury, the injury sustained, the treatment and surgical interventions and by the physical examination findings as well as the parameters

outlined in the California Medical Treatment Utilization Schedule, acupuncture is an option when pain medication is reduced or not tolerated. In this case, the true plan included adequate supply of Percocet. As such, there was no noted efficacy or utility for this intervention. The medical necessity has not been established.