

Case Number:	CM14-0097256		
Date Assigned:	07/28/2014	Date of Injury:	04/29/2012
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53 year-old female with the date of injury of 04/29/2012. The patient presents with shoulder pain, right side worse than left. Her right shoulder abduction is 120 degrees and forward is 20 Degrees. The patient presents tenderness over her right shoulder anterior aspect. According to [REDACTED] report 04/09/2014, diagnostic impressions are: status post right shoulder arthroscopic subacromial decompression, October 2012, rotator cuff tear supraspinatus and partial thickness tear infraspinatus, rule out cervical disc injury. [REDACTED] requested 6 sessions of acupuncture for the right shoulder. The utilization review determination being challenged is dated on 06/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/13/2013 to 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Acupuncture to right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)-Treatment in Workers' Compensation 2014: Online Version: (Shoulder (Acute & Chronic) (updated 04/25/14): ODG Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain in her shoulders, aggravated by her activities. The request is for a 6 sessions of Acupuncture for the right shoulder. Review of the reports indicates that the patient has had 6 sessions of Acupuncture in the past with much benefit. [REDACTED] 05/27/2014 report indicates that "the patient reports a decrease in her pain. She is able to sleep better, she has reduced her amount of oral medications, and her level of function has improved. She is able to lift, bend, sit, stand, and walk with less pain." ACOEM guidelines allow total of 8-12 visits over 4-6 weeks with evidence of objective functional improvement, which is defined either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Therefore, the request is medically necessary.