

Case Number:	CM14-0186191		
Date Assigned:	11/14/2014	Date of Injury:	12/13/1999
Decision Date:	03/02/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 40 year old male with a date of injury of December 13, 1999. Results of the injury include right shoulder pain. Diagnosis include chronic pain syndrome, bicipital tenosynovitis, rotator cuff dis nec, rotator cuff synd nos. Treatment has included 6 acupuncture with electrical stimulation. Medical imaging was not provided. Per medical notes dated October 8, 2014, patient completed 6 sessions of acupuncture. Right shoulder pain is worse than the left. He cannot sleep on the right shoulder. Medication reduced his pain to 5/10, currently his pain is rated at 8/10. Progress report dated October 8, 2014 revealed the right shoulder was restricted, flexion limited to 120 degrees and abduction limited to 90 degrees. Hawkins test was positive. Empty Cans test was positive. Speeds test was positive. Yergason's test was positive. Drop arm test was positive. Left shoulder movements were restricted with flexion limited to 120 degrees and abduction limited to 130 degrees. Hawkin's test was positive. Drop arm test was positive. Work status was noted as permanent and stationary. The treatment plan included an extension of acupuncture and a refill of Nabumetone 750 mg tablet. Utilization review form dated October 17, 2014 non certified 6 acupuncture visits for the left shoulder 2 times a week for 3 week as an outpatient due to noncompliance with MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture treatments for the left shoulder two times a week for three weeks as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.