

Case Number:	CM14-0200636		
Date Assigned:	12/10/2014	Date of Injury:	03/20/2013
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 a licensed Chiropractor (DC), has a subspecialty in Acupuncture 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:

Claimant is 61 year old male who sustained a work related injury on 3/20/2013. Per a PR-2 dated 10/21/14, the claimant has lumbar spine, bilateral hip, bilateral shoulder, and right knee pain. Exam reveals tenderness and spasm. Orthopedic testing was positive in lumbar spine, shoulders and hips. The patient was diagnosed with lumbar spondylosis with myelopathy, lesion of the sciatic nerve, bursitis and tendonitis of bilateral shoulders, tendinitis bursitis of bilateral hips and bursitis of right knee. Prior treatment has included acupuncture, physical therapy, post operative physical therapy, left shoulder surgery, and medications. There is an authorization dated 10/30/14 for right shoulder arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post OP Acupuncture Right Shoulder to include: Electro Manual, DMyofascial Release, Electrical Stimulation, Infrared QTY 6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Acupuncture Guidelines: Initial Trial of 3-4 visits over 2 weeks

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: According to evidenced based guidelines, post-surgical physical medicine treatment for shoulder surgeries is indicated. Also acupuncture is indicated as an adjunct to physical rehabilitation to hasten functional recovery. Since shoulder surgery has been authorized, post-operative acupuncture treatments are also medically necessary. Therefore trials of six sessions of acupuncture are medically necessary. Further treatment will be determined based on objective functional improvement.