

Case Number:	CM15-0100389		
Date Assigned:	06/02/2015	Date of Injury:	10/16/2013
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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 42 year old female, who sustained an industrial injury on October 16, 2013. She reported right shoulder pain radiating to the right wrist. The injured worker was diagnosed as having right shoulder pain. On January 30, 2015, x-rays of the right forearm were unremarkable. On January 29, 2015, an MRI of the right shoulder revealed supraspinatus and infraspinatus tendinosis without a tear, subscapularis tendinosis, mild subacromial-subdeltoid bursitis, and mild acromioclavicular arthrosis with laterally downsloping acromium. On February 10, 2015, electrodiagnostic studies revealed no abnormal findings. Treatment to date has included work modifications, a home exercise program, right shoulder injections, and medications including pain, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory. On January 30, 2015, the injured worker complains of constant right arm pain that is unchanged. The pain is described as dull, soft, and burning. Her pain is rated 7/10. The pain is brought on with lifting, pushing and lying down on the right side. The physical exam revealed tenderness of the acromioclavicular joint and superolateral aspect of the right shoulder, decreased range of motion, normal motor strength, a positive impingement sign, no evidence of shoulder instability or apprehension, and a negative sulcus sign. There was normal sensation and deep tendon reflexes of the bilateral upper extremities. The requested treatment is 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatment to the right shoulder 2 x per week x 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of right shoulder pain with radiation to the right wrist. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient was authorized 6 acupuncture sessions 1/7/2015. There was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions to the right shoulder is not medically necessary at this time.