

Case Number:	CM15-0104768		
Date Assigned:	06/09/2015	Date of Injury:	06/03/2010
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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 54 year old male, who sustained an industrial injury on 6/03/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having status post right shoulder arthroscopy. Treatment to date has included diagnostics, medications, and surgical intervention to the right shoulder on 4/08/2015. Currently (4/22/2015), the injured worker complains of pain in his right shoulder, rated 6/10. He reported doing home exercised with small circles, big circles and pendulums, and believed he was starting to mend. Exam of the right shoulder noted very little ecchymosis and almost no edema. No signs of infection were noted and well approximated incisions were noted. His sutures were removed. The treatment plan included post-operative therapy and acupuncture to the right shoulder (2x6). His work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder (2 times a week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of right shoulder pain. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. The guideline recommends 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, there was no evidence of prior acupuncture care. Therefore an acupuncture trial may be warranted. The patient was authorized 6 out of the 12 requested acupuncture session which was consistent with the evidence based guideline for an initial trial. There was no documentation of functional improvement from the approved acupuncture session. In addition, the provider's request for 12 acupuncture session exceeds the guidelines recommendation for an initial trial and therefore is not medically necessary at this time. Additional acupuncture beyond the 6 initial sessions is warranted with documentation of functional improvement from prior sessions.