

Case Number:	CM15-0132949		
Date Assigned:	07/21/2015	Date of Injury:	07/12/2013
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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 53-year-old male who sustained an industrial injury on 07/12/2013. Mechanism of injury occurred when working on a pallet he felt a pull in his left shoulder. Diagnoses include left shoulder bursitis, left shoulder impingement syndrome, left shoulder pain, left shoulder sprain and strain, and left shoulder tenosynovitis. Treatment to date has included diagnostic studies, medications, acupuncture-18 sessions to date, rotator cuff repair on 10/17/2013 with pain pump, chiropractic sessions, and 24 post-operative physical therapy sessions. He is not working. An unofficial report of a left shoulder Magnetic Resonance Imaging one on 02/11/2014 showed acromioclavicular joint degeneration and tendonitis. A physician progress note dated 05/26/2015 documents the injured worker complains of constant moderate sharp, throbbing left shoulder pain, which is aggravated by repetitive movement, reaching and repetitive pushing and repetitive pulling. He gets relief from his medications. He rates his pain as 8 out of 10 with activities. Left shoulder range of motion is decreased and painful. He has tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder and supraspinatus. Supraspinatus Press is positive. The treatment plan includes follow up visit with orthopedics to review studies of the left shoulder and to discuss invasive treatment and options. Treatment requested is for acupuncture 4 sessions. Per a PR-2 dated 4/14/15, the claimant has had relief from medication, acupuncture, and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 4 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.