

Case Number:	CM15-0134623		
Date Assigned:	07/22/2015	Date of Injury:	04/24/2013
Decision Date:	08/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/13/2015

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 43-year-old male who sustained an industrial /work injury on 4/24/13. He reported an initial complaint of pain in the left shoulder. The injured worker was diagnosed as having shoulder strain, impingement syndrome, and SLAP (superior labrum anterior/posterior) lesion. Treatment to date includes medication, diagnostics, injection, surgery (left shoulder arthroscopy), and physical therapy (20) visits. Currently, the injured worker complained of anterior shoulder pain. Per the orthopedic report on 1/16/15, maximum tenderness with palpation, normal strength, negative orthopedic testing, and some persistent inflammation. The requested treatments include Acupuncture to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 2X3 acupuncture sessions, which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. On 01/16/15 patient was determined permanent and stationary. On 07/10/15 provider requested acupuncture treatment. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Acupuncture is used as an adjunct to physical rehabilitation, which was also not documented in the provided medical records. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.