

Case Number:	CM15-0143355		
Date Assigned:	08/04/2015	Date of Injury:	01/18/2013
Decision Date:	09/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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 48-year-old female, who sustained an industrial injury on January 18, 2013. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included cold and heat therapy, home exercise program, medication, acupuncture, physical therapy, MRI, cortisone injections, bicep tendon sheath injection and surgery. Currently, the injured worker complains of increased right shoulder pain. The injured worker is currently diagnosed with right shoulder internal impingement and right shoulder tendinitis. Her work status is full duty. A note from an acupuncture appointment dated November 12, 2014 states; the injured worker was receiving therapeutic benefit from treatment, which resulted in improved range of motion and decreased pain. A note dated December 9, 2015, states the injured worker experienced temporary relief from steroid injections. The note also states, the injured worker experienced good results from the bicep tendon sheath injection. A note dated June 23, 2015, states the injured worker has responded well to acupuncture in the past. The note also states the injured worker his experiencing some relief from cold therapy. The following treatment, acupuncture 6 sessions is requested to alleviate symptoms experienced by the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Patient reported decreased pain and increased range of motion with previous acupuncture treatment. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement. Patient had a flare of symptoms; therefore provider requested additional 6 acupuncture sessions which were modified to 3 by the utilization review. Patient continues to work full duty. The requested visits are within guidelines. Even though the patient did not report functional improvement with past treatment, there was a recent flare up, which would necessitate additional treatment. Per review of evidence and guidelines, 6 acupuncture treatments are medically necessary.