

Case Number:	CM15-0145690		
Date Assigned:	08/06/2015	Date of Injury:	12/13/2013
Decision Date:	09/09/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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 (IW) is a 47 year old male who sustained an industrial injury on 12-13-2013. He reported an accident in which he was struck in the abdomen and fell onto his left side, injuring his left shoulder. The injured worker was diagnosed by MRI as having a rotator cuff injury. Treatment to date has included physical therapy (which was not helpful and did not resolve his injury), left shoulder surgery (11-21-2014). Currently, the injured worker complains of left shoulder pain, which he rates as a 5 on a scale of 0-10. The pain becomes worse at night when lying down and decreases with pain medication. He complains of left thumb pain that he rates as a 5 on a scale of 0-10. The thumb pain radiates up to his left shoulder. The IW states that acupuncture and therapy helped decrease his pain temporarily and he is able to do more activities of daily living. He states his pain is well controlled with medications. On exam, he has generalized tenderness to palpation of the entire left shoulder joint and tenderness to palpation with spasms of the left upper trapezius muscle. He has tenderness to palpation of the left biceps. He has limited range of motion secondary to pain. The plan is for more acupuncture sessions to the left shoulder. A request for authorization was made for: twelve (12) acupuncture sessions, 2 x weeks for 6 weeks, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) acupuncture sessions, 2 x week for 6 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: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of left shoulder pain and is worse at night when lying down. The patient has had acupuncture in the past and reported that helps decrease pain and is able to do more activities of daily living. There was no documentation of which activities the patient was able to perform due to acupuncture treatments. There was no objective measurable quantifiable documentation regarding functional improvement. Therefore, the provider's request for 12 additional acupuncture sessions for the left shoulder is not medically necessary at this time.