

Case Number:	CM15-0146194		
Date Assigned:	08/07/2015	Date of Injury:	02/28/2014
Decision Date:	09/08/2015	UR Denial Date:	06/25/2015
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 is a 47-year-old female who sustained an industrial injury on 2-28-14 from a slip and fall injuring her right shoulder and right side of the neck. She was medically evaluated, started on physical therapy with little improvement and had right shoulder subacromial steroid injection with minimal benefit. She currently complains of neck pain with a pain level of 6 out of 10; right shoulder pain (6-7 out of 10); right elbow pain (6 out of 10); lower back pain (5 out of 10); pain over the right greater trochanteric (5 out of 10). On physical exam of the cervical spine and upper extremities there was decreased sensation over the right C6-8 dermatome distribution; exam of the shoulders reveal tenderness over the right acromioclavicular joint with right decreased range of motion, positive impingement sign and crossed arm sign on the right; exam of the elbows and forearms revealed palpable tenderness over the right lateral epicondylitis; wrist exam revealed positive Tinel's over the right carpal tunnel; lumbar spine and lower extremities revealed palpable tenderness over the right L5-S1; hip exam revealed palpable tenderness over the right greater trochanteric. Diagnoses include right cervical radiculopathy; right shoulder impingement syndrome versus rotator cuff tear; right acromioclavicular joint degenerative joint disease; right lateral epicondylitis; right L5-S1 facet arthropathy versus sacroiliac joint dysfunction; right greater trochanteric bursitis. In the progress note, dated 6-17-15 the treating provider's plan of care includes a request for acupuncture twice per week for three weeks right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 Right 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 for the right shoulder which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Acupuncture is used as an adjunct to physical rehabilitation and to hasten recovery of surgical intervention, which was also not documented in the provided medical records. Patient previously had physical therapy for the right shoulder without improvement. Patient is a candidate for surgery for the right shoulder and acupuncture should be requested preceding the surgery to help with recovery. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.