

Case Number:	CM15-0162853		
Date Assigned:	08/21/2015	Date of Injury:	01/21/2011
Decision Date:	09/28/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/10/2015

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 58-year-old male with an industrial injury dated 01-21-2011. The injured worker's diagnoses include left rotator cuff tear, left shoulder internal derangement, left shoulder sprain and strain, headaches, other insomnia, anxiety and depression. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-02-2015, the injured worker reported constant left shoulder pain, headaches and difficulty sleeping. The injured worker rated left shoulder pain a 4 out of 10. Objective findings revealed decrease left shoulder range of motion. The treating physician prescribed services for acupuncture treatment for 6 sessions to the left shoulder, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for 6 sessions to the left shoulder, 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The July 20, 2015 UR letter denied the treatment request for 6 Acupuncture visits to manage the patients left shoulder citing CAMTUS Acupuncture Treatment Guidelines. The reviewed medical records revealed prior Acupuncture management of the left shoulder (unknown number of completed visits) with no subsequent reporting that prior application of care lead to measurable functional gains as required by the CAMTUS Acupuncture Guidelines. The medical necessity for additional Acupuncture to the patients left shoulder is not supported by reviewed medical report/s or compliance with the prerequisites for consideration of additional care per CAMTUS Acupuncture Treatment Guidelines.