

Case Number:	CM15-0164906		
Date Assigned:	09/02/2015	Date of Injury:	01/23/2010
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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, Montana
 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 50 year old female who sustained an industrial injury on January 23, 2010. The accident was described as while working throwing away a large garbage can into a larger receptacle she threw the can a distance of about four feet and felt immediate onset of right shoulder pain. A primary treating follow up visit dated August 12, 2015 reported subjective complaint of continued right shoulder pain as well as radiation up into the neck and the right side of back. She states with the use of medications the pain is well controlled and would almost go away. She further states that she only takes the medication later in the afternoon when she is able to stay at home as she gets dizzy from taking medications and usually ends up falling asleep. She is diagnosed with right shoulder sprain. The plan of care noted prescription for Tramadol, encouraged to continue with home exercises and follow up. At July 09, 2015 primary follow up reported subjective complaint of right shoulder pain that is aggravated with any kind of activity along with sleeping difficulties. The plan of care noted: prescribed Fenoprofen; pending authorization for acupuncture session and continue with home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per medical notes dated 09-24-15 patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture visits which were modified to 4 by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.