

Case Number:	CM15-0168158		
Date Assigned:	09/08/2015	Date of Injury:	10/02/2014
Decision Date:	10/23/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 56 year old male, who sustained an industrial injury on October 2, 2014. He reported a slip and fall with injury to his right upper extremity. The injured worker was currently diagnosed as having right shoulder internal derangement, shoulder tendinitis, shoulder bursitis and right shoulder sprain and strain. On March 20, 2015, the injured worker underwent a functional capacity evaluation. Treatment has included chiropractic treatment, physical therapy and medications. Exam notes dated April 9, 2015, indicated that the injured worker had no change in response to those treatments. Exam notes dated April 30, 2015, stated the injured worker continued to improve with shockwave therapy. He stated that his pain subsided by 25%. On June 30, 2015, the injured worker complained of a dull and aching right shoulder pain. The pain was rated as a 2-3 on a 1-10 pain scale without medications and as a 1-2 on the pain scale with medications. His pain was noted to be aggravated with activities such as reaching and overhead lifting. Physical examination of the right shoulder revealed tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. The treatment plan included oral medication, topical creams, acupuncture one time a week for six weeks, physical therapy three times a week for four weeks and a follow-up visit. On July 23, 2015, utilization review denied a request for acupuncture for the right shoulder one time a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right shoulder 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions, no reporting of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.