

Case Number:	CM15-0168738		
Date Assigned:	09/09/2015	Date of Injury:	03/02/2013
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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 59-year-old male who sustained an industrial injury on 3-2-13 with current complaints of left shoulder and arm pain. Previous treatment includes physical therapy visits, radiographs, medication, hot-cold pack, MRI-left shoulder, modified duty, acupuncture-2013, and 3 Orthovisc injections. In a progress report dated 5-8-15, the treating physician notes he is status post shoulder arthroplasty done 9-4-14. He had a deep venous thrombosis. He is no longer on Coumadin. An electromyography done on 2-2015 showed ulnar nerve compression. There is significant numbness and tingling in the ulnar distribution. He wears a Heelbo. He takes OxyContin 4 days a week and complains of constipation. Physical exam notes he can elevate to 110 degrees, abduct to about 60 degrees, externally rotate to neutral and internally rotate to his lumbar spine. Ulnar nerve innervated muscles are weak. Work status is total temporary disability. On 7-28-15, utilization review certified an ultrasound for the left shoulder and non-certified acupuncture 2x6 for the left shoulder. The requested treatment is acupuncture 2x6 for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of left shoulder and arm pain. Records indicate that the patient was authorized for 6 acupuncture sessions. The Acupuncture Treatment guidelines state that acupuncture may be extended if there is documentation of functional improvement. There was no documentation of the outcome from the 6 authorized acupuncture sessions. Therefore, the provider's request for 12-acupuncture session to the left shoulder is not medically necessary at this time. Additional acupuncture beyond the initial acupuncture trial is recommended with documentation of functional improvement from prior sessions.