

Case Number:	CM15-0169741		
Date Assigned:	09/10/2015	Date of Injury:	03/03/2014
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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 (IW) is a 47 year old male who sustained an industrial injury on 03-03-2014. The worker complained of pain in his right shoulder. He reported chronic right shoulder pain rated as a 6 on a scale of 0-10. The injured worker was diagnosed as having right shoulder strain with myofascial pain, and mild tear involving the subscapularis tendon, minimal AC joint arthritis, and subdeltoid and subacromial bursitis. Treatment to date has included pain medications, injection of the right bicipital tendon sheath, and more than 15 physical therapy sessions. Currently, the injured worker complains of persistent right shoulder and upper extremity pain. He complains of an inability to sleep at night due to the pain. He states his range of motion has improved over time, but is still not perfect. His pain ranges from a 2-6 on a scale of 10 and currently is a 2 out of 10. On exam, there is tenderness to palpation along the bicipital tendon near the bicipital groove with tenderness in the subacromial area, and tenderness in the posterior shoulder, infraspinatus fossa, and subscapularis area. Sensation and strength are within normal limits, with pain limitation on the right shoulder proximally. A request for authorization was submitted for Acupuncture to the right shoulder for 10 sessions. A utilization review decision (08-13-2015) modified the request to approve 6 of the 10 sessions and non-certification of acupuncture to the right shoulder Qty: 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right shoulder for 10 sessions: 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 right shoulder pain. The guideline recommends 3-6 acupuncture sessions over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 8/6/2015, the provider requested a trial of 10 acupuncture sessions. Although an acupuncture trial is indicated at this time, the provider's request for 10 acupuncture sessions exceeds the guidelines recommendation for an initial trial for which the guidelines recommend 3-6 sessions. Therefore, the provider's request is not medically necessary at this time. Six acupuncture sessions would be appropriate to demonstrate functional improvement.