

Case Number:	CM15-0181252		
Date Assigned:	09/22/2015	Date of Injury:	03/05/2012
Decision Date:	10/28/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

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: Emergency 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 52 year old male, who sustained an industrial injury on 3-05-2012. The injured worker is being treated for left shoulder rotator cuff tendinitis. Treatment to date for the left shoulder has included bracing, diagnostics, medications and 12 sessions of acupuncture for the left shoulder with mild to moderate pain relief. Per the Primary Treating Physician's Progress Report dated 8-04-2015, the injured worker reported symptoms are better since his last visit with no changes. He recently started acupuncture with 2 recent visits and 10 total. He has 4 approved visits remaining. So far, he has good benefit with the therapy. Objective findings included mild tenderness to palpation of the acromioclavicular joint and biceps tendon. There are no acupuncture records submitted for review. Per the medical records dated 6-25-2015 to 8-04-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the acupuncture treatment. The plan of care included physical therapy, CSI for the left shoulder and continuation of acupuncture. Authorization was requested for 8 additional acupuncture sessions. On 8-25-2015, Utilization Review non-certified the request for one orthopedic consultation and modified a request for 8 additional acupuncture sessions citing guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

One orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Consultation to an orthopedics doctor is not indicated. Patient has already been seen by orthopedics who recommended conservative care. Patient has ongoing conservative care with claims of significant improvement in pain. Follow-up at time of request is not medically necessary.

8 additional acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: As per MTUS Acupuncture guidelines, guidelines recommend assessment of pain and functional status with additional sessions recommended only with documentation of improvement. Patient has reported improvement in pain but no documentation of objective functional improvement. Patient has documented 10 approved sessions with note stating that patient has completed 2-4 sessions. Patient still has additional sessions that have not been completed. Patient has no documented objective improvement. Additional acupuncture sessions are not medically necessary.