

Case Number:	CM15-0183371		
Date Assigned:	09/24/2015	Date of Injury:	05/03/2014
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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 33-year-old female, with a reported date of injury of 05-03-2014. The diagnoses include right frozen shoulder, right shoulder strain, right shoulder rotator cuff tendonitis, myofascial pain syndrome, and possible neuropathy. Treatments and evaluation to date have included physical therapy, right shoulder injection, Norco, Ibuprofen, Naprosyn, Feldene, and Tylenol with codeine, Celebrex, Tramadol, and Amrix. The diagnostic studies to date have included electrodiagnostic studies on 09-01-2015, which showed local ulnar neuropathy at the right elbow. The medical report dated 09-02-2015 indicates that the injured worker presented for a comprehensive visit. It was noted that an examination of the right shoulder was positive for rotator cuff injury. The objective findings (09-02-2015 to 09-14-2015) include swelling and tenderness, decreased range of motion, normal deep tendon reflexes, abnormal motor strength in the upper extremities, and positive Tinel's sign. The injured worker's current work status was working with restrictions. The injured worker was recommended to have electro-acupuncture treatment. The treating physician noted that the injured worker would remain temporarily partially disabled with limitation of no pushing or pulling more than five pounds and no repetitive use of the right upper extremity, and no over the shoulder work. The request for authorization was dated 08-04-2015. The treating physician requested six (6) electro-acupuncture sessions for the right shoulder, two (2) times a week for three (3) weeks. On 09-19-2015, Utilization Review (UR) non-certified the request for six (6) electro-acupuncture sessions for the right shoulder, two (2) times a week for three (3) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of electro-acupuncture, 2 visits a week over 3 weeks for the right shoulder:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The requested six sessions of electro-acupuncture, 2 visits a week over 3 weeks for the right shoulder is medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The treating physician has documented an examination of the right shoulder was positive for rotator cuff injury. The objective findings (09-02-2015 to 09-14-2015) include swelling and tenderness, decreased range of motion, normal deep tendon reflexes, abnormal motor strength in the upper extremities, and positive Tinel's sign. The treating physician has documented the medical necessity for a trial of acupuncture. The criteria noted above having been met six sessions of electro-acupuncture, 2 visits a week over 3 weeks for the right shoulder is medically necessary.