

Case Number:	CM15-0186849		
Date Assigned:	09/28/2015	Date of Injury:	01/27/2014
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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, Montana
 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:

This is a 33 year old female whose date of injury was 1-27-14. Medical documentation on 9-2-15 indicated the injured worker was treated for pain in the shoulder especially with overhead activity. On physical examination, the injured worker had right shoulder impingement. A request was received for acupuncture to help with pain. The handwritten evaluation notes on 9-2-15 were difficult to decipher. Medications included Naprosyn 550 mg, Omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg and Methoderm gel. Diagnoses associated with the evaluation included Myofascial pain syndrome, Cervical spine strain, and right rotator cuff syndrome. A request for authorization for retrospective request for 8 acupuncture therapy sessions for the right shoulder between 9-14-15 and 10-29-15 was received on 9-8-15. On 9-15-15, the Utilization Review physician determined retrospective request for 8 acupuncture therapy sessions for the right shoulder between 9-14-15 and 10-29-15 was not medically necessary based on CA MTUS Acupuncture Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture therapy sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested retrospective 8 acupuncture sessions which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.