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| Case Number: | CM15-0189666 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 09/30/1999 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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 55 year old male who sustained an industrial injury on 9-30-99. The injured worker reported discomfort in the shoulder with radiation to the neck and arm. A review of the medical records indicates that the injured worker is undergoing treatments for joint ankylosis of the shoulder region, opioid dependence, and brachial plexus disorder and shoulder joint pain. Medical records dated 8-16-15 indicate the injured worker was with "severe shoulder girdle pain that radiates up into his neck and down his arm." Provider documentation dated 7-23-15 noted the injured worker "remains maximally medically improved." Treatment has included Oxycodone, methadone, status post shoulder surgery (2007), Cyclobenzaprine, and Lidocaine Patches. Physical examination dated 8-26-15 was notable for antalgic gait, depressed and flat affect. The treating physician indicates that the urine drug testing result (date) showed no aberration. The original utilization review (9-9-15) denied a request for 6 Acupuncture for the right shoulder, 6 sessions, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture for the right shoulder, 6 sessions, outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physicians' Desk Reference; and Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 9, 2015 denied the treatment request for six acupuncture visits to the patient's right shoulder citing CA MTUS acupuncture treatment guidelines. The patient's examination findings of 8/26/15 failed to address any specific examination findings pertaining to the shoulder. The request for acupuncture was reportedly from the patient versus his primary treating physician and follows conservative modalities including nonsteroidal anti-inflammatory medications and other modalities none of which were reported as leading to any increased functional improvement. They reviewed medical records failed to establish the medical necessity for the requested acupuncture care, six visits to the patient's shoulder or compliance with the prerequisites for initiation of an acupuncture trial per CA MTUS acupuncture treatment guidelines. Therefore the request is not medically necessary.