

Case Number:	CM15-0192422		
Date Assigned:	10/06/2015	Date of Injury:	01/08/2015
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

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 59 year old male, who sustained an industrial-work injury on 1-8-15. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right shoulder strain, right shoulder rotator cuff injury, myofascial pain syndrome, and left shoulder pain due to compensation. Treatment to date has included medication, diagnostics, and physical therapy (temporary benefit). Currently, the injured worker complains of persistent pain in the right shoulder that radiated to the elbow on the left side. The pain was associated with hypersensitivity, color changes, temperature changes, and swelling. Pain was described as sharp and severe and rated 9 out of 10. There is also constant low back pain that is described as sharp and rated 9 out of 10 and interferes with sleep. Per the primary physician's progress report (PR-2) on 8-20-15, exam noted positive tenderness and swelling, decreased range of motion, 5- out of 5 motor strength, negative Tinel's sign. Work was with total partial disability with restrictions. The Request for Authorization requested service to include Electro-Acupuncture 2 x week x 3 weeks Right shoulder. The Utilization Review on 9-3-15 denied the request for Electro-Acupuncture 2 x week x 3 weeks Right shoulder, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Acupuncture Treatment 2007. Per a PR-2 dated 9/16/15, the claimant complains of low back pain and right shoulder pain with radiation to the elbow on the left side. The provider states that the claimant has had approval for acupuncture and is awaiting to start treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Acupuncture 2 x wk x 3 wks Right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, the provider must document that it is an initial trial. Therefore, further acupuncture is not medically necessary.