

Case Number:	CM15-0194164		
Date Assigned:	10/08/2015	Date of Injury:	04/20/2015
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/02/2015

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 female individual who sustained an industrial injury on 4-2-15. The medical records indicate that the injured worker is being treated for right shoulder sprain-strain; right shoulder weakness; right shoulder bursitis. She is currently (7-16-15) experiencing a burning sensation in the right shoulder radiating to the right hand and wrist. Pain levels were not present. On physical exam, there was tenderness on the trapezius muscles and acromioclavicular joint on the right, restricted range of motion, positive shoulder depression test on the left and "shoulder apprehension test on the right". X-rays were done (no date) of the right shoulder and were normal. She has been treated with acetaminophen, nabumetone since 5-24-15; physical therapy; heat therapy pad; cold pack. The request for authorization was not present. On 9-15-15 Utilization Review non-certified the request for 6 acupuncture sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Right shoulder, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 15, 2015 denied the request for six acupuncture visits to manage the patient's right shoulder complaints between the periods of 9/10/15 and 10/25/15 citing CA MTUS acupuncture treatment guidelines. The treatment request of August 28, 2015 did not identify whether the request for six acupuncture visits to the patient's right shoulder was an initial request for care for continuation of acupuncture care. The CA MTUS acupuncture treatment guidelines would support an initial course of treatment of six visits but would require clinical evidence of objective functional improvement should the treatment request constitute a continuation of care. The medical necessity for acupuncture care as submitted in the 8/28/15 request was not documented by the clinical information provided nor consistent with the prerequisites for consideration of acupuncture care per CA MTUS acupuncture treatment guidelines. The request is not medically necessary.