

Case Number:	CM15-0194474		
Date Assigned:	10/08/2015	Date of Injury:	01/12/2015
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
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, 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 1-12-15. The injured worker is undergoing treatment for: left shoulder pain, left shoulder impingement syndrome. On 9-10-15, she reported left shoulder pain rated 7 out of 10. She indicated a corticosteroid injection resulted in increased pain. Physical examination revealed positive Neer's and Hawkins-Kennedy, positive cross arm and negative drop arm testing. On 9-30-15, she reported left shoulder pain. Physical examination revealed decreased active range of motion of the left shoulder, and pain with passive range of motion. The treatment and diagnostic testing to date has included: laboratory analysis (9-10-15), magnetic resonance imaging of the left shoulder (6-2-15) which is reported to have revealed rotator cuff pathology and impingement syndrome, multiple physical therapy sessions, corticosteroid injection. Medications have included: metformin, invokana, bydurean injector, Keflex, tramadol, and norco. Current work status: unclear. The request for authorization is for: 12 visits of acupuncture. The UR dated 9-24-15: non- certified the request for 12 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were non-certified by the utilization review. 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. Additional visits may be certified if the patient has documented objective functional improvement. 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, 12 Acupuncture visits are not medically necessary.