

Case Number:	CM15-0201270		
Date Assigned:	10/16/2015	Date of Injury:	09/01/2013
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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 an 83 -year-old male who sustained an industrial injury on 9-1-2013 and has been treated for left shoulder large full thickness rotator cuff tear. On 8-5-2015 the injured worker reported intermittent moderate right shoulder pain rated 7-8 out of 10. The physician noted that the anterolateral shoulder and AC joint were tender to palpation, left upper trapezius spasm, and restricted range of motion due to pain. Abduction was 90 degrees and flexion 100 degrees, and rotator cuff weakness was noted. Treatment discussed in the physician's notes is Nabumetone for pain and inflammation and Omeprazole. Records discussing prior treatment are not provided. The treating physician's plan of care includes acupuncture twice a week for four weeks, which was modified to 4 sessions on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left shoulder, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, 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 treatment request for eight acupuncture sessions for the left shoulder between 9/10/15 and 10/25/15 citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identified chronic right shoulder pain for which medications were not providing relief. Functional deficits were also identified with restricted range of motion, rotator cuff weakness and localized tenderness at the A/C joint. The medical necessity for eight sessions of acupuncture was not supported by evidence of a treatment plan to include active therapy. The medical necessity for eight acupuncture sessions to the left shoulder was not supported by the reviewed medical records or the criteria for treatment as outlined in the CA MTUS acupuncture treatment guidelines.