

Case Number:	CM15-0202478		
Date Assigned:	10/19/2015	Date of Injury:	06/13/2012
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
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 a 26 year old male, who sustained an industrial injury on 6-13-2012. Medical records indicate the worker is undergoing treatment for left shoulder sprain and impingement, left upper extremity brachial plexopathy and external neurolysis of brachial plexus. A recent progress report dated 9-4-2015, reported the injured worker complained of shoulder pain rated 8 out of 10. Physical examination revealed left shoulder guarding. Treatment to date has included 12 visits of physical therapy and medication management. On 9-15-2015, the Request for Authorization requested 12 visits of acupuncture to the left shoulder. On 9-30- 2015, the Utilization Review modified the request for 12 visits of acupuncture for the left shoulder to 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left shoulder 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines recommend acupuncture for chronic pain. It recommends initial 3-6 treatments to produce functional improvement. Additional acupuncture may be necessary with documentation of functional improvement from prior sessions. The patient complained of shoulder pain. According to the report dated 4/2/2015, the patient completed 18 acupuncture sessions. There was no documentation of functional improvement from the prior sessions. However, it was noted that the patient completed surgical decompression of the left shoulder. A new trial of acupuncture appears to be medically necessary due to the patient receiving a surgical procedure. However, the provider's request for 12 acupuncture session exceeds the guidelines recommendation for an initial trial for which the guideline recommends 3-6 session. Therefore, the request is not medically necessary.