

Case Number:	CM15-0203112		
Date Assigned:	10/21/2015	Date of Injury:	10/10/2014
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/15/2015

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 60 year old male who sustained an industrial injury on 10-10-14. He is working modified duty. The medical records indicate that the injured worker has been treated for joint pain, shoulder; rotator cuff tear. He currently (8-4-15) complains of anterior left shoulder pain, night pain, limited range of motion and weakness. On 5-12-15 his pain level was 5 out of 10 and no further pain levels were enumerated. Treatments to date include left shoulder subacromial decompression; rotator cuff repair (2-11-15); physical therapy (18 visits as of 5-21-15) to left shoulder with good improvement; home exercise program; medication: Norco with good results, omeprazole, Dendracin, Restoril, Percocet. The request for authorization dated 9-18-15 was for acupuncture twice per week for 6 weeks. Prior acupuncture sessions were not present. On 9-25-15 Utilization Review non-certified the request for acupuncture twice per week for 6 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, 12 sessions for the left shoulder, 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The Postsurgical treatment guidelines recommend 24 postoperative treatments over 14 weeks. The postsurgical physical medicine treatment period is 6 months. The records indicate that the patient underwent rotator cuff repair on 2/11/2015. The provider's request for acupuncture was for 9/18/2015. 6 months have passed since the patient underwent rotator cuff repair. Therefore, the acupuncture treatment guidelines were consulted. The guideline recommends a trial of 3-6 acupuncture sessions to provide functional improvement. Based on the guidelines, there was no evidence that the patient completed prior acupuncture sessions. Therefore, a trial appears medically necessary. However, the provider's request for 12 acupuncture session for the left shoulder exceeds the guidelines recommendation for an initial trial for which the guidelines recommend 3-6 visits and therefore is not medically necessary at this time. It is appropriate for the patient to receive 6 acupuncture sessions and with documentation of functional improvement, more sessions may be necessary.