

Case Number:	CM15-0205556		
Date Assigned:	10/22/2015	Date of Injury:	06/27/2013
Decision Date:	12/03/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 63 year old female who sustained an industrial injury on 5-27-13. A review of the medical records indicates she is undergoing treatment for chronic low-grade left shoulder pain with a history of acromioplasty and biceps tendon rupture repair in December 2013 and low-grade neck pain without radicular symptoms. Medical records (9-28-15) indicate that her left shoulder has "improved" over time. She rates her pain "2 out of 10". She reports that she has been staying very active and exercising and has "been managing it well". She reports that doing overhead work makes her pain worse. She also reports "occasional" sleep difficulty, but indicates that she is getting "adequate sleep most of the time". She reports that pain limits her ability to lift heavy objects, occasionally disturbs her sleep, and sexual activity causes "extra pain". The physical exam reveals full range of motion of the cervical spine. "Some" tenderness is noted on palpation bilaterally, more on the right side. The left shoulder has full range of motion. The treating provider states "she tolerated palpation well except over the anterior acromion". Hawkins' maneuver is negative. Neer's is "mild positive" on the left side. The right shoulder exam is "normal". Diagnostic studies have included x-rays of the left shoulder, one MRI of the left shoulder, and an MRI of the cervical spine. Treatment includes Synthroid and Aleve as needed. The treatment recommendations include a trial of acupuncture, as she "has not tried this and a short course of acupuncture may be quite helpful". The utilization review (10-13-15) includes a request for authorization of acupuncture 2 times a week for 4 weeks to the left shoulder. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of October 13, 2015 denied the treatment request for eight acupuncture visits to the patient's left shoulder citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identify the patient with minimal left shoulder discomfort with no functional deficits on examination. The patient was reported to be engaging in an active self-managed rehabilitation program with no addressed restrictions in activities of daily living based on pain or shoulder impairment. The treatment plan to initiate eight acupuncture visits was not supported by a treatment plan with specific goals to be achieved with acupuncture application. The request for eight acupuncture visits also exceeds CA MTUS acupuncture treatment guidelines that recommend an initial trial of care at three - six visits. The request for eight acupuncture visits to the left shoulder is not medically necessary and was not established by reviewed medical records or compliance with CA MTUS acupuncture treatment guidelines.