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| Case Number: | CM15-0206119 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 09/23/2013 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 10/19/2015 |
| 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: 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 38 year old female, who sustained an industrial-work injury on 9-23-13. She reported initial complaints of left shoulder pain. The injured worker was diagnosed as having sprain-strain in left shoulder and upper arm, rotator cuff syndrome of shoulder, adhesive capsulitis, and pain in joint, shoulder region. Treatment to date has included medication, surgery (arthroscopy, shoulder subacromial bursectomy, and left shoulder and manipulation under anesthesia). Currently, the injured worker complains of left shoulder pain rated 5 out of 10 with medication and 8 out of 10 without medication and poor sleep quality. Activity level has increased. Medications include Voltaren 1% gel and Norco 10-325 mg. Work status was for modified duty. Per the primary physician's progress report (PR-2) on 10-6-15, right shoulder movements are restricted with flexion, positive Hawkin's and Neer's test, 4+ out of 5 motor strength with deltoid atrophy on both sides, and patchy sensory exam. Current plan of care includes medications, H-wave, and acupuncture. The Request for Authorization requested service to include 6 Acupuncture visits for the left shoulder. The Utilization Review on 10-19-15 denied the request for 6 Acupuncture visits for the left shoulder, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Shoulder Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture visits for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.