

Case Number:	CM15-0206516		
Date Assigned:	10/23/2015	Date of Injury:	10/24/2014
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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, Montana

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 57 year old male, who sustained an industrial injury on 10-24-14. Medical records indicate that the injured worker is undergoing treatment for pain in limb, mechanical problem with limbs, pain in joint of the shoulder, adhesive capsulitis of the shoulder, left shoulder impingement syndrome and unspecified disorders of the shoulder bursae and tendon in the shoulder region. The injured worker is temporarily totally disabled for two weeks. On (9-22-15) the injured worker complained of left shoulder pain. The injured worker noted that his shoulder pain had increased since returning to work and he is unable to tolerate his home exercise program. Examination of the left shoulder revealed a limited and painful range of motion. Tenderness to palpation was noted in the biceps groove, subdeltoid bursa, trapezius and supraspinatus tendon and muscle. Special orthopedic testing was positive. A pain level was not provided. Treatment and evaluation to date has included medications, ice treatments, injection, transcutaneous electrical nerve stimulation unit, left shoulder surgery and a home exercise program. Current medications include Metformin. The current treatment request is for acupuncture treatments two times a week for three weeks to the left shoulder to help reduce pain and improve function. The injured worker did not have prior acupuncture treatments to the left shoulder. The current treatment request is for acupuncture treatments two times a week for three weeks to the left shoulder. The Utilization Review documentation dated 9-28-15 non-certified the request for acupuncture treatments two times a week for three weeks to the left shoulder.

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 3 weeks for the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions for shoulder pain which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits are within cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.