

Case Number:	CM15-0208033		
Date Assigned:	10/27/2015	Date of Injury:	08/19/2013
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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 71 year old female, who sustained an industrial injury on 8-19-13. Medical records indicate that the injured worker is undergoing treatment for right shoulder pain, status-post surgery of the right shoulder, left shoulder pain, left shoulder sprain-strain, left ankle contusion and loss of sleep. The injured worker is currently not working per the documentation dated 7-30-15. The most recent progress note dated 7-30-15 notes that the injured worker complained of bilateral shoulder pain. The pain level varied from 3-5 out of 10 to 7 out of 10 on the visual analog scale. The pain was worse with sweeping, mopping, pushing, pulling and self-care. Examination of the right shoulder revealed tenderness subacromially and along the posterior glenohumeral joint. Crepitus was noted with flexion and extension. A Neer's test was positive. The left shoulder showed tenderness along the anterior and subacromial space with a positive Neer's test. Treatment and evaluation to date has included medications, MRI, physical therapy and right shoulder surgery in 2013. Current medications include Naproxen, Prilosec and cyclobenzaprine. The current treatment request is for acupuncture treatments #12 to the shoulders. The Utilization Review documentation dated 9-24-15 non-certified the request for acupuncture treatments #12 to the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve acupuncture sessions for the shoulder (DOS 6/1/15 to 8/24/15): 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 states that acupuncture may be extended with documentation of functional improvement. It was noted that the patient was authorized 6 acupuncture session on 1/20/2015. There was no documentation of functional improvement from prior acupuncture session. Therefore, the provider's request for 12 acupuncture sessions 6/1/2015 to 8/24/2015 is not medically necessary at this time.