

Case Number:	CM15-0023658		
Date Assigned:	02/13/2015	Date of Injury:	06/03/1998
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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 61 year old female, who sustained an industrial injury on June 3, 1998. She reported multiple injuries over several years. The injured worker was diagnosed as having rotator cuff tear, and shoulder pain. Treatment to date has included medications, 12 completed physical therapy visits. Currently, the injured worker complains of continued right shoulder pain. On May 23, 2014, the treating provider indicates physical therapy has not been helpful. Physical findings on this date are indicated as tenderness over the acromioclavicular joint, with a weakness in the rotator cuff, and noted pain with cross body adduction. The right shoulder range of motion is: 120 elevation, abduction 80, external rotation 40, and internal rotation to the buttocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Initial Acupuncture treatments for the right shoulder as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial trial. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. Also there is no documentation on why a trial of acupuncture would be indicated at this point of time. Twelve visits of acupuncture are not medically necessary.