

Case Number:	CM15-0024343		
Date Assigned:	02/13/2015	Date of Injury:	08/06/2013
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
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 43-year-old female, with a reported date of injury of 08/06/2013. The diagnoses include shoulder strain/sprain, rotator cuff tear, and cervical spine sprain/strain. Treatments have included physical therapy, acupuncture therapy, and oral medication. The progress report dated 12/05/2014 indicates that the injured worker had pain and tightness in her neck, and bilateral shoulders. The objective findings included tenderness and swelling, no redness, and cervical spine flexion 40 out of 60. The continued page for the report, which provided the rest of the objective and subjective findings, was not included in the medical records provided for review. The treating physician requested additional acupuncture two times a week for three weeks for the right shoulder and cervical spine. The rationale for the request was not indicated. On 01/23/2015, Utilization Review (UR) denied the request for additional acupuncture two times a week for three weeks for the right shoulder and cervical spine. The UR physician noted that the clinical evaluation did not clearly demonstrate specific improvements, and there was no clear indication of functional improvement with the use of acupuncture. The MTUS Acupuncture Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture Two times a week for three weeks for the Right Shoulder/Cervical: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is a 43-year-old female, with a reported date of injury of 08/06/2013. The diagnoses include shoulder strain/sprain, rotator cuff tear, and cervical spine sprain/strain. Treatments have included physical therapy, acupuncture therapy, and oral medication. The progress report dated 12/05/2014 indicates that the injured worker had pain and tightness in her neck, and bilateral shoulders. The objective findings included tenderness and swelling, no redness, and cervical spine flexion 40 out of 60. Per an acupuncture report dated 10/29/2014, the claimant has completed six acupuncture visits. The claimant had moderate improvement in right shoulder range of motion and slight improvement in cervical range of motion. She also had reduced pain.