

Case Number:	CM15-0028241		
Date Assigned:	02/20/2015	Date of Injury:	06/25/2012
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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 49 year old female who sustained an industrial injury on 06/25/2012. Diagnosis include bursitis of the right shoulder. Treatment to date has included medications, acupuncture, and physical therapy. A physician progress note dated 12/16/2014 documents the injured worker has persistent symptoms of the cervical spine and right shoulder. She has decreased sensation of the right upper extremity, and limited range of motion of the right shoulder. She is also complaining of new onset of symptoms to groin to left proximal thigh. Magnetic Resonance Imaging of the cervical spine done on 11/08/2013 showed multilevel cervical spondylosis with mild central spinal stenosis at C6-C8, with probable impingement of the exiting right C6 nerve root. There is possible impingement of the exiting Left C6 and C7 nerve root. Magnetic Resonance Angiography of the right shoulder revealed minimal subacromial/subdeltoid bursitis. Treatment requested is for Additional Acupuncture x8 for the right shoulder. On 01/15/2015 Utilization Review non-certified the request for Acupuncture x 8 for the right shoulder and cited was California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture x8 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the guidelines make no recommendation on the number of acupuncture sessions. Therefore an alternative guideline was consulted. The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). The patient received acupuncture in the past. The provider noted that acupuncture helped decreased the patient's symptoms. However, there was no documentation of functional improvement gained from previous acupuncture sessions. Therefore, the provider's request for 8 additional acupuncture sessions to the right shoulder is not medically necessary at this time.