

Case Number:	CM15-0220790		
Date Assigned:	11/13/2015	Date of Injury:	12/08/2010
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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 47-year-old female with an industrial injury date of 12-08-2010. Medical record review indicates she is being treated for right shoulder chronic impingement, status post remote subacromial decompression and persistent lumbar myofascial pain. Subjective complaints (09-30-2015) included cervical and right peri-shoulder girdle pain. Work status was not indicated in the 09-30-2015 note. Prior diagnostics are documented by the treating physician in the 09-30-2015 note as MRI of right shoulder: "demonstrated a low grade partial articular surface tear of the distal supraspinatus tendon superimposed on changes of mild insertional tendinosis and acromioclavicular joint degenerative changes." Medications included Norco. Prior medications (documented in 07-20-2015 note) included Duloxetine, Hydrocodone-Acetaminophen, Naproxen, Pantoprazole and Cyclobenzaprine. The treating physician documented spasm was refractory to Cyclobenzaprine, activity modification, stretching, heat, physical therapy and home exercise. Other treatment included psychiatric treatment. According to the psychiatric note (10-15-2015) she had not worked since 05-18-2011. Physical exam (09-30-2015) noted full range of motion and moderate weakness throughout all planes of range of motion of the right shoulder. There was diffuse tenderness noted on thoracolumbar spine examination. On 10-30-2015 the request for acupuncture 3 times 4 cervical, right shoulder was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 cervical and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In his report dated 09-30-15, although the provider requested acupuncture x 12 for the treatment of the right shoulder and cervical spine, the only statement regarding the shoulder was that it presented full range of motion (no deficits were mentioned). In regards the cervical spine: no exam findings at all, were documented. Based on the previously mentioned, the medical necessity of the acupuncture requested (additional care) is not medically necessary.