

Case Number:	CM15-0223397		
Date Assigned:	11/19/2015	Date of Injury:	05/06/2014
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/13/2015

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 52 year old female, who sustained an industrial injury on 5-6-2014. The medical records indicate that the injured worker is undergoing treatment for status post right shoulder arthroscopic rotator cuff repair (5-19-2015). According to the progress report dated 10-8-2015, the injured worker presented five months post-op right shoulder surgery. She notes that she is regaining strength, but still feels weak and has easy fatigue in the right shoulder. Additionally, the treating physician states that "she does not have full range of motion up to this point". The physical examination of the right shoulder reveals range of motion is 180 degrees of forward elevation. She has 70 degrees of external rotation to the side, 85 degrees of external rotation in abduction. The current medications are not specified. Previous diagnostic studies include x-rays and MRI of the right shoulder. Treatments to date include medication management, physical therapy, massage, prolotherapy, acupuncture, chiropractic, and surgical intervention. The records refer to a prior course of acupuncture but do not provide specific dates or results. Work status is described as modified duty. The original utilization review (10-20-2015) had non-certified a request for 12 acupuncture sessions to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week x 6 weeks, Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.