

Case Number:	CM15-0035902		
Date Assigned:	03/04/2015	Date of Injury:	03/23/2009
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/25/2015

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 63-year-old female, with a reported date of injury of 03/23/2009. The diagnoses include shoulder impingement, frozen shoulder, complete rotator cuff rupture, rotator cuff syndrome and bursitis. Treatments included oral medication, right shoulder surgery in 2010 and 2011, and acupuncture. The progress report dated 11/04/2014 indicates that the injured worker complained of pain in the right arm, right shoulder, right hand, and neck. She rated her pain 7 out of 10. It was noted that the pain was relieved by acupuncture. The objective findings include forward flexion of the right shoulder at 40 degrees, internal rotation of the right shoulder at 30 degrees, internal rotation of the right shoulder at 30 degrees, limited external rotation of the right shoulder with pain, limited range of motion of the bilateral shoulders, and positive bilateral apprehension test. The treating physician requested twelve acupuncture sessions for the right shoulder. It was noted that the injured worker had reasonable functional results with the acupuncture, which was helpful to reduce muscle spasms in place of pain medications. On 02/06/2015, Utilization Review (UR) modified the request for twelve acupuncture sessions for the right shoulder, noting that documentation indicated that the injured worker had reasonable functional results with the acupuncture. The MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right shoulder qty:12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. It was noted that the patient had reasonable functional results with acupuncture, which was helpful in reducing muscle spasms in lieu of pain medication. It was noted that medication intake has reduced by 40%. Based on the reported information, continuation of acupuncture therapy is warranted. Therefore, the provider's request for 12 acupuncture session to the right shoulder is medically necessary at this time.