

Case Number:	CM15-0046609		
Date Assigned:	03/20/2015	Date of Injury:	11/17/2013
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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 45 year old female, who sustained an industrial injury on 11/17/2013. Her diagnosis included right shoulder strain 11/17/2013 with superior labral tear and impingement, status post right shoulder arthroscopy with SLAP repair, subacromial decompression and co-planning of the distal clavicle on 02/18/2014 and cervical strain. On provider visit dated 08/13/2014 the injured worker has reported right shoulder pain. On examination the injured worker complained of pain that radiates up to the head, neck, shoulder, arm, back and lower back. Right shoulder was noted as decreased range of motion and cervical spine was tender with limited motion. Treatment to date has included medication, ice and limiting activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder two times three six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 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. Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. The patient was authorized 6 acupuncture sessions for the right shoulder on 12/29/2014. There was no documentation of the outcome from the 6 authorized acupuncture session. Based on the lack of functional improvement from prior acupuncture therapy, the provider's request for 6 additional acupuncture sessions to the right shoulder is not medically necessary.