

Case Number:	CM15-0052317		
Date Assigned:	03/25/2015	Date of Injury:	08/26/2013
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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 61 year old female who sustained an industrial injury on 8/26/13. The mechanism of injury is not available for review. She currently complains of right shoulder pain and discomfort. Her activities of daily living are limited due to right shoulder dysfunction due to pain. Medications were not identified. Diagnoses include rotator cuff sprain/ strain; right rotator cuff tear. Treatments to date include right shoulder manipulation under anesthesia; physical therapy. Diagnostics include MRI right shoulder showing abnormalities. In the progress note dated 9/8/14 the treating provider is requesting acupuncture for neck strain and right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6 for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was seen on 9-8-14 by the provider when an acupuncture trial for the neck and shoulder was requested to address the symptoms the patient presented. In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (shoulder manipulation under anesthesia, physical-chiropractic therapy, oral medication, work modifications and self care) the acupuncture trial requested for pain management and function improvement is supported by the MTUS-guidelines. The guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.