

Case Number:	CM15-0057989		
Date Assigned:	04/02/2015	Date of Injury:	09/22/2010
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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 64 year old male who sustained a work related injury September 22, 2010. While pulling a stuck chair out from under his desk, he felt something pop in his left shoulder, and had immediate pain. Past surgical history is documented as left knee 1998, right shoulder x 3, right wrist x 2, left wrist x 2, left elbow and arm, and left shoulder x 2, 2012, and 2013. According to a primary treating physician's initial report, dated March 9, 2015, the injured worker presented with complaints of sharp pain in the left shoulder, radiating down the left arm and into the elbow, rated 10/10. Diagnosis is documented as rotator cuff arthropathy. Treatment plan included request for authorization for acupuncture, left shoulder, two times a week for three weeks and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Sessions (Left Shoulder) 2 Times a Week for 3 Weeks: Overturned

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

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. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for 6 acupuncture session is consistent with the evidence based guidelines; therefore, the provider's request is medically necessary at this time.