

Case Number:	CM15-0058102		
Date Assigned:	04/02/2015	Date of Injury:	11/18/2013
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
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 53 year old female who sustained an industrial injury on 11/18/2013. Her diagnoses, and/or impressions, include: right elbow and forearm pain; and adhesive capsulitis of the left shoulder. Current magnetic resonance imaging studies are not noted. Her treatments have included therapy and having been returned to work without restrictions. The progress notes of 2/23/2015, shows pain and stiffness about the left shoulder, as well as pain in the right forearm with repetitive reaching. It was noted that she was improved, but slower than expected and that she did not wish to consider any additional procedures that included injection therapy, but that she would like to try a trial of acupuncture therapy. The physician's requests for treatments included a trial of 6 acupuncture treatments for the right arm and left shoulder, to help with her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X6 RIGHT ARM LEFT SHOULDER: 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. Acupuncture treatment may be extended if functional improvement is documented. The patient complained of pain and stiffness about the left shoulder, as well as pain in the right forearm with repetitive reaching. The patient did not wish to consider any additional procedures that included injection therapy, but that she would like to try a trial of acupuncture therapy. The guideline recommends a trial of acupuncture session. The provider's request of 6 acupuncture visits is consistent with the evidence based guideline for an initial trial and the provider's request appears to be medically necessary at this time.