

Case Number:	CM15-0082963		
Date Assigned:	05/05/2015	Date of Injury:	12/13/2013
Decision Date:	06/17/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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 57 year old male, who sustained an industrial injury on 12/13/13. He has reported initial complaints of injury to the left shoulder after the landing gear on a trailer got stuck and gave way and he had immediate pain in the left shoulder. The diagnoses have included status post left shoulder arthroscopy, left shoulder pain, left biceps sprain/strain, and acromioclavicular separation of the left shoulder. Treatment to date has included medications, cortisone injections, surgery including left shoulder arthroscopic labral repair and decompression on 11/24/14, physical therapy with no relief, chiropractic sessions and Functional Capacity Evaluation (FCE) done on 3/17/15. The diagnostic testing that was performed included Magnetic Resonance Arthrogram (MRA) of the left shoulder, Magnetic Resonance Imaging (MRI), x-rays of the left shoulder, humerus and thumb and urine drug screen. The x-ray of the left shoulder done on 2/23/15 revealed cranial subluxation of the distal clavicle with respect to the acromion consistent with acromioclavicular separation. There were degenerative osteophytes off the distal clavicle and acromion. The urine drug screen dated 1/27/15 and 3/9/15 was consistent with the medications prescribed. The current medications were not noted. Currently, as per the physician progress note dated 4/6/15, the injured worker complains of left shoulder pain rated 5-6/10 that radiates to the biceps, forearm and wrist. He also reports numbness, tingling, throbbing and needles sensation. The pain increases at night when lying down and decreases with medications. He reports that the acupuncture helped to decrease the pain temporarily so he was able to perform his activities of daily living (ADL). Physical exam of the left upper extremity revealed atrophy of the left deltoid muscle, tenderness to palpation in the left shoulder with spasms of the left upper trapezius muscle,

tenderness to palpation of the left biceps, limited range of motion secondary to pain with decreased strength noted on the left compared to the right. There was no previous therapy sessions noted in the records. The work status was total temporary disability for six weeks. The physician requested treatment included Acupuncture to the left shoulder 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the left shoulder, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.