

Case Number:	CM15-0083281		
Date Assigned:	05/05/2015	Date of Injury:	02/11/2014
Decision Date:	06/08/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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 48 year old female who sustained an industrial injury on 2/11/2014. Her diagnoses, and/or impressions, are noted to include: sprain/strain of the shoulder/upper arm - stable and improved; calcifying shoulder tendinitis; severe impingement syndrome, bursitis and synovitis of the right shoulder, with possible rotator cuff tear, and status-post right shoulder arthroscopic surgery on 9/26/2014. No current imaging studies are noted. Her treatments have included arthroscopic & diagnostic examination of the right shoulder with decompression and release, and bursectomy and synovectomy with removal of spur surgery on 9/26/2014; sling therapy; physical therapy for right shoulder bursitis; modified work duties; and medication management. The progress notes of 3/10/2015 noted a follow-up visit status-post right shoulder surgery in 9/2014, and physical therapy. It was noted she developed adhesive capsulitis, stiffness, numbness and tingling of the right shoulder upper extremity, causing her to favor the left shoulder and resulting in further diagnoses of left shoulder compensatory complaints, suspect nerve compression. Objective findings noted good abduction and flexion of the right shoulder, ½ the grip strength on the right than on the left, numbness throughout the arm, and decreased sensation laterally; testing was noted to be inconclusive. The physician's requests for treatments were noted to include electromyogram and nerve conduction velocity studies and acupuncture treatments; no side was specified. The 3/27/2015 Request for Authorization (RFA) form noted specification of the electromyogram and nerve conduction velocity studies to be for the right upper extremity; and the 3/27/2015 RFA for the acupuncture was non-specific to which side, mentioning both the right and left shoulder diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Right Shoulder, 1-2 weeks for 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.