

Case Number:	CM15-0230185		
Date Assigned:	12/04/2015	Date of Injury:	08/31/2014
Decision Date:	01/13/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/23/2015

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 45 year old female, who sustained an industrial injury on 8-31-14. She reported right shoulder pain. The injured worker was diagnosed as having right shoulder bicipital tendinitis and status post right shoulder surgery. Treatment to date has included at least 3 electroacupuncture visits, 30 physical therapy sessions, a home exercise program, a right shoulder Cortisone injection, right shoulder arthroscopy on 12-18-14, and medication including Naprosyn, Norco, Ultracet, and Cyclobenzaprine. The most recent electroacupuncture progress report was dated 10-29-15. Physical exam findings on 10-5-15 included right shoulder tenderness to palpation and muscle guarding over the upper trapezius muscles and deltoid muscles. Tenderness was also noted over the supraspinatus and infraspinatus tendon, acromioclavicular joint, subacromial region, anterior capsule, and bicipital tendon. Myofascial trigger points were noted in the upper trapezius muscles on the right and levator scapular muscles. Impingement test caused pain. 4 of 5 muscle weakness with flexion and abduction was noted. On 10-5-15, the injured worker complained of right shoulder and arm pain. On 10-5-15, the treating physician requested authorization for acupuncture 2x6 for the right shoulder. On 11-3-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient completed at least 3 acupuncture sessions from 10/22/2015 through 11/5/15. The provider reported no significant improvement in the patient's symptoms except for temporary pain relief. There was no documentation of functional improvement from prior acupuncture session to warrant additional acupuncture sessions. Therefore, the provider's request for 12-acupuncture session to the right shoulder is not medically necessary and appropriate at this time.