

Case Number:	CM14-0143558		
Date Assigned:	09/12/2014	Date of Injury:	01/06/2014
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old with an injury date on 1/6/14. Patient complains of ongoing bilateral shoulder pain per 6/6/14 report. Patient is 3.5 weeks pst right shoulder clavicle excision, biceps tenotomy, and subacromial decompression per 6/6/14 report. Based on the 6/6/14 progress report provided by [REDACTED] the diagnoses are: 1. left shoulder impingement, 2. acromioclavicular joint arthritis, 3. biceps tendinitis. Exam on 6/6/14 showed "wounds clean and dry. Limited range of motion of right shoulder, which is about 50% of normal." [REDACTED] Hubbard is requesting acupuncture x 6 sessions left shoulder with possible electro stimulation at acupuncturist discretion in house. The utilization review determination being challenged is dated 9/2/14 and denies request due to lack of functional gains from prior acupuncture, but the number of prior sessions was not specified. [REDACTED] is the requesting provider, and he provided treatment reports from 2/27/14 to 6/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X6 Sessions Left Shoulder with possible Electrostimulation at Acupuncturist Discretion in house: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Acupuncture for Neck and Low back Pain.

Decision rationale: This patient presents with bilateral shoulder pain and is s/p right shoulder distal clavicle excision, glenohumeral joint debridement, biceps tenotomy, and subacromial decompression from 5/12/14. The treater has asked for acupuncture x 6 sessions left shoulder with possible electrostimulation at acupuncturist discretion in house. Review of the reports do not show any evidence of acupuncture treatments being tried in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has not had prior acupuncture treatment, and the requested trial of 6 acupuncture sessions with possible electrostimulation appears reasonable for patient's ongoing shoulder pain. Recommendation is for authorization.