

Case Number:	CM14-0098240		
Date Assigned:	07/28/2014	Date of Injury:	06/25/2013
Decision Date:	10/23/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 39 year old female whose date of injury is 06/25/2013. The mechanism of injury is not described. The injured worker underwent right shoulder arthroscopic subacromial decompression and glenohumeral debridement on 01/16/14 followed by postoperative physical therapy with good improvement in function. Note dated 04/22/14 indicates that the injured worker reports that physical therapy and acupuncture have helped decrease her pain. The injured worker was authorized to undergo 6 sessions of acupuncture on 05/30/14. Diagnoses are gastritis, cervical spine strain/sprain with myospasm, lumbar spine strain/sprain with myospasm, right shoulder sprain/strain with clinical impingement, status post right shoulder surgery, rotator cuff repair, anxiety, depression and insomnia. Re-evaluation dated 06/06/14 indicates that the injured worker complains of intermittent right shoulder pain. She has tenderness to palpation of the right deltoid muscle. She is unable to perform internal and external rotation secondary to pain. As of this visit, the injured working was released back to modified duty with restrictions. She was to be placed on total temporary disability if modified duty not available. A request for Acupuncture x 8 for the Right Shoulder was denied in the pre-authorization process on 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture x 8 for the right shoulder is not recommended as medically necessary. The injured worker is noted to have undergone prior acupuncture and was most recently authorized for 6 sessions in May. The injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions in accordance with CA MTUS Acupuncture Guidelines. CA MTUS guidelines note that the optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There are no specific, time-limited treatment goals provided.