

Case Number:	CM14-0213759		
Date Assigned:	12/31/2014	Date of Injury:	01/24/2013
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 female who reports pain in her right shoulder resulting from a work related injury on 01/24/2013. Patient was lifting a trolley from one side and pulled it to another line of moving rollers which was at the height of her chest. Patient is diagnosed with sprain/strain shoulder - right, status post right arthroscopic surgery 09/05/2013 with moderate ACJ hypertrophic changes with an effusion and indenting supraspinatus muscle; also, moderate reduction of the subacromial space with mild bursitis. Per physician's notes dated 11/06/2014, patient rates her level of pain in the right shoulder as 5-6/10. She complains that the pain is sharp and travels from her shoulder to her neck and right arm. Examination of the right shoulder reveals tenderness and decreased range of motion. There is nonspecific tenderness to palpation in the right shoulder; palpation indicates moderate tenderness at the acromioclavicular joint and upper trapezius on the right. Patient has been treated with medication, acupuncture, physical therapy, cortisone injections, and right shoulder surgery. Primary treating physician requested 8 additional visits which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 8 additional visits are not medically necessary.