

Case Number:	CM14-0214182		
Date Assigned:	12/31/2014	Date of Injury:	11/15/2013
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/21/2014

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 61 year old female who reports pain in her right shoulder resulting from a work related injury on 11/15/2013. Mechanism of injury is reported as gradual onset from pushing and pulling patients in wheelchairs. Patient is diagnosed with right shoulder s/s; supraspinatus tendinosis and right shoulder impingement syndrome. Per physician's notes dated 11/05/2014, patient complains that pain travels down from the right shoulder into the upper arm, she rates the level of pain to be a 7/10. Examination reveals limited range of motion in the right shoulder joint. The following tests were positive: Apley's Scratch Test, Codman's Drop Arm Test. Pain palpitated on supraspinatus MS area. Patient has been treated with medication, acupuncture, physical therapy and chiropractic care. Primary treating physician requested 6 additional visits which were denied. The patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, quantity 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is a 61 year old female who reports pain in her right shoulder resulting from a work related injury on 11/15/2013. Mechanism of injury is reported as gradual onset from pushing and pulling patients in wheelchairs. Patient is diagnosed with right shoulder s/s; supraspinatus tendinosis and right shoulder impingement syndrome. Per physician's notes dated 11/05/2014, patient complains that pain travels down from the right shoulder into the upper arm, she rates the level of pain to be a 7/10. Examination reveals limited range of motion in the right shoulder joint. The following tests were positive: Apley's Scratch Test, Codman's Drop Arm Test. Pain palpitated on supraspinatus MS area. Patient has been treated with medication, acupuncture, physical therapy and chiropractic care. Primary treating physician requested 6 additional visits which were denied. The patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.