

Case Number:	CM14-0215873		
Date Assigned:	01/05/2015	Date of Injury:	06/10/2014
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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:

This is a 40 year old male patient with an injury date of 06/10/2014 described as experiencing a left shoulder injury while driving. He presented for follow up visit on 07/04/2014 with complaint of continued left shoulder pain in the deltoid region and noted worsened without use of sling. He is currently off from work duties and did undergo one session of physical therapy that noted increasing his pain. He has been effectively using Ibuprophen for pain. Per radiography and MRI dated 06/27/2014 he was diagnosed with a minimally displaced and isolated greater tuberosity fracture without full thickness injury to the rotator cuff. Subsequently, at a six week follow up visit dated 11/17/2014 with reported worsened symptoms and pain now with forward flexion. He is currently performing light duty work. Physical examination showed residual stiffness and pain. Radiography ordered gave impression of left shoulder adhesive capsulitis and left shoulder fracture proximal humerus, closed non-displaced. A request for additional physical therapy visits dated 11/18/2014 was noted denied by Utilization Review on 11/25/2014 as not meeting medical necessity requirements. Six acupuncture sessions were authorized on 10/22/14. Per a PR-2 dated 1/5/2015, the claimant feels more pain with the cold weather. He is not working. He has not attended acupuncture. He was given injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, twice weekly for 6 weeks, left shoulder per 11/18/14 form, quantity: 12, Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines, Shoulder

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. The provider states that the claimant has not had acupuncture. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial.