

Case Number:	CM15-0108392		
Date Assigned:	06/15/2015	Date of Injury:	03/06/2010
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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 28 year old female, who sustained an industrial injury on 3/06/2010, while employed as a cashier. She reported pain in her right shoulder while loading a cart. The injured worker was diagnosed as having pain in shoulder joint, cervicgia, calcifying tendinitis of the shoulder, and skin sensation disturbance. Treatment to date has included unspecified acupuncture, medication, physical therapy, injections, and diagnostics. Currently (4/30/2015), the injured worker complains of pain in her right shoulder and right hand, rated 8/10, with radiation to the forearm. Associated symptoms included numbness and tingling in the right hand. She was currently taking Motrin and Tylenol and her sleep quality was poor. She also reported depressive symptoms. Current medications included Terocin lotion, Naproxen, Norco, and Pantoprazole. She was prescribed Gabapentin, with refills on Naproxen and Pantoprazole. Norco and Terocin were discontinued. It was documented that she may benefit from acupuncture x 8, with request for additional sessions if functional improvement. The number of completed acupuncture sessions to date is not noted. The results of previous acupuncture were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 8 visits, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of right shoulder pain. The patient has received acupuncture in the past. The quantity is unknown. There was no objective quantifiable documentation regarding functional improvement. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement from prior acupuncture session, the provider's request for 8 additional acupuncture sessions to the right shoulder is not medically necessary at this time.