

Case Number:	CM15-0112916		
Date Assigned:	06/19/2015	Date of Injury:	12/20/2011
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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 51 year old male, who sustained an industrial injury on December 20, 2011. Treatment to date has included left shoulder surgery, physical therapy, and medications. Currently, the injured worker complains of constant moderate-to-severe cervical spine and left shoulder pain. He described the cervical spine pain as aching and noted that it was aggravated with turning and twisting. His left shoulder pain was described as sharp, throbbing and aching and was aggravated with lifting, using the arms, gripping and grasping. His left shoulder pain radiates from the shoulder to the hand. On physical examination the injured worker has tenderness to palpation over the bilateral cervical paraspinal muscles, bilateral suboccipital muscles and bilateral upper shoulder muscles. A cervical axial compression test was positive bilaterally for neurological compromise and shoulder depression test was positive bilaterally. His bilateral upper extremities reflexes were decreased and he had tenderness to palpation over the left upper shoulder muscles and left rotator cuff muscles. The diagnoses associated with the request include aftercare for surgery of the left shoulder, cervical disc herniation with myelopathy, bursitis and tendinitis of the left shoulder, and partial tear of the rotator cuff tendon. His treatment plan includes six visits of acupuncture therapy to the left shoulder and cervical spine, topical compounded medication for inflammation, and a cervical traction kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional acupuncture visits with multiple modalities over two weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture in the past. There was no documentation of functional improvement from prior acupuncture therapy. Based on the lack of functional improvement from prior acupuncture session, the provider's request for 6 additional acupuncture visits for the left shoulder is not medically necessary.