

Case Number:	CM15-0116153		
Date Assigned:	06/24/2015	Date of Injury:	02/27/2015
Decision Date:	07/29/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/16/2015

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:

This 51 year old woman sustained an industrial injury on 2/27/2015. The mechanism of injury is not detailed. Diagnoses include right shoulder muscle strain. Treatment has included oral medications, home exercise program, and chiropractic care. Physician notes on a PR-2 dated 4/20/2015 show complaints of right shoulder pain. Recommendations include continue with remaining chiropractic visits, continue with home exercise program, right shoulder ultrasound, Ultram, Miralax, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with infra lamp/medical supply/kinesio tape 2x3 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: Provider requested initial trial of 6 acupuncture sessions with infra lamp/medical supply/kinesio taping for right shoulder which were non-certified by the utilization

review. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. InfraLamp and Kinesio taping are not supported by MTUS guidelines. Per guidelines and review of evidence, 6 Acupuncture visits with infra lamp/medical supply/kinesio taping for right shoulder are not medically necessary.