

Case Number:	CM15-0117550		
Date Assigned:	06/25/2015	Date of Injury:	05/02/2014
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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 (IW) is a 65-year-old female who sustained an industrial injury on 05/02/2014. She reported pain in the left shoulder from repetitive lifting and repetitive use of left arm. The injured worker was diagnosed as having sprain, rotator cuff, osteoarthritis shoulder, articular cartilage disease-shoulder, and synovitis/tenosynovitis left shoulder. Treatment to date has included arthroscopy (01/06/2015), acupuncture, post-operative cold therapy, and physical therapy. Currently (05/13/2015), the injured worker complains of continued pain in the left shoulder with overhead use or lifting activities with the left arm. On exam there is decreased range of motion in the left shoulder. Abduction and forward flexion measured at 150 degrees with pain at the limits of motion. Distal motor sensory and circulatory function is intact in the left upper extremity. Medications include Etodolac. The treatment plan included modified duty on the job, continuing a home exercise program and non-steroidal anti-inflammatory, and acupuncture. A request for authorization is made for the following: Six (6) sessions of acupuncture to the left shoulder. The claimant had six prior acupuncture visits with improvement in range of motion of the shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of acupuncture to the left shoulder: Upheld

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

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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.