

Case Number:	CM15-0128688		
Date Assigned:	07/15/2015	Date of Injury:	10/11/2012
Decision Date:	08/12/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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 62 year old male with an industrial injury dated 10/11/2012. The injured worker's diagnoses include bilateral shoulder residual status post two arthroscopic surgeries on left and one on right, right shoulder acromioclavicular joint (AC) arthrosis, right shoulder partial thickness rotator cuff tear and right shoulder mild residual impingement and status post right shoulder surgery on 06/04/2015. Treatment consisted of MRI arthrogram of bilateral shoulder, prescribed medications, and periodic follow up visits. In a progress note dated 06/10/2015, the injured worker reported moderate achy, stabbing left shoulder pain radiating to elbow. The injured worker also reported manageable right shoulder pain post surgery. Objective findings revealed positive impingement bilaterally, positive Speed's and pain and weakness on restricted external rotation with the arms at the side. The treating physician also reported an intact sensory and motor exam. The treating physician prescribed services for acupuncture, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Start Acupuncture: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 6/24/15 UR determination of 6/24/15 certified the request for an initial trial of Acupuncture that arrived without reference to frequency or duration of care. The patient was status post shoulder surgery demonstrating deficits on examination that would support an initial trial of Acupuncture management. Without referenced to the amount of care except a request referencing an initial course of care, the UR determination certified an initial trial of care, 6 sessions citing CA-MTUS Acupuncture Treatment Guidelines. The medical necessity for the initial trial of 6 sessions certified on 6/24/15 is reasonable and consistent with CA-MTUS Acupuncture Treatment Guidelines. Therefore, the request is medically necessary.