

Case Number:	CM15-0129657		
Date Assigned:	07/15/2015	Date of Injury:	06/20/2014
Decision Date:	08/11/2015	UR Denial Date:	05/28/2015
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 37 year old male who sustained a work related injury June 20, 2014. Past history included right shoulder arthroscopic superior labral SLAP repair, acromioplasty and distal clavicle resection, April 14, 2015 and bilateral L3, L4 and L5 facet medial branch nerve injection May 12, 2015. According to an interim orthopedic report, dated April 29, 2015, the injured worker returns for a post-operative visit. The right shoulder is improved with diminished pain. Physical examination of the right shoulder revealed; the incisions are healed, motor and sensation are intact, and right shoulder can be elevated to 90 degrees actively, passively to 140 degrees. Recommendation included continuing with range of motion exercises and to avoid lifting, reaching, and pushing activities. Physical therapy will start in a week, for progression of range of motion and a rotator cuff strengthening program. On May 6, 2015, the injured worker presented with right shoulder and lumbosacral pain. He was prescribed Norco, pending lumbar injection, beginning physical therapy, and discussion of additional acupuncture to aid in post-operative pain. Diagnoses are right shoulder sprains and strains; partial thickness rotator cuff tear, labral tear; lumbosacral sprain and strain; osteosclerosis L5-S1; lumbar disc extrusion with S1 nerve root impingement. At issue, is the request for authorization for post-operative acupuncture, right shoulder. The claimant has had six postoperative acupuncture sessions and a total of 29 sessions ending on 6/11/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 for post-operative right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Online Version), Acupuncture 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 extensive acupuncture and a trial of six acupuncture sessions post operatively. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.