

Case Number:	CM15-0178735		
Date Assigned:	09/29/2015	Date of Injury:	11/14/2011
Decision Date:	11/10/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on 11-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lateral epicondylitis and persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis unresponsive to conservative management. On 7-13-2015, the orthopedic consultation report noted the injured worker with persistent left shoulder pain. The Physician noted that surgery had been approved due to "failure to improve with conservative treatments", having had previous surgery on the right shoulder which had improved. The left shoulder examination was noted to show positive Neer's impingement test, Hawkin's impingement test, and Jobe test. The left acromioclavicular joint was noted to be tender with positive AC anterior and posterior joint stress tests. Prior treatments have included ESWT, at least 18 sessions of acupuncture, at least 24 sessions of chiropractic treatments, and at least 36 sessions of physical therapy with mild relief noted. The Physician noted the injured worker was being scheduled to undergo left shoulder surgery. The request for authorization dated 7-26-2015, requested acupuncture 2 times a week for 6 weeks, left shoulder. The Utilization Review (UR) dated 8-13-2015, denied the request for acupuncture 2 times a week for 6 weeks, left shoulder. The patient's surgical history include right shoulder surgery on 2/19/13 and on 4/22/14 and CTR on 2/26/15. The patient has had MRI of the cervical spine on 7/16/15 that revealed disc protrusions. The medication list include Bupropion, Hydrocodone, lorazepam and Omeprazole. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system patient do not have any complaints of gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Request Acupuncture 2 times a week for 6 weeks, left shoulder. MTUS Guidelines Acupuncture Medical Treatment Guidelines9792.24.1. Acupuncture Medical Treatment Guidelines. Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or intolerance to pain medications that patient is taking currently. The Patient had received ESWT, at least 18 sessions of acupuncture, at least 24 sessions of chiropractic treatments, and at least 36 sessions of physical therapy with mild relief.CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. The patient has received 18 acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. The patient has received 24 sessions of chiropractic treatments, and at least 36 sessions of physical therapy visits for this injury. A detailed response to prior rehabilitation therapy including PT/acupuncture/Chiropractic since the date of injury was not specified in the records provided. An evidence of diminished effectiveness of medications was not specified in the records provided. The request for Acupuncture 2 times a week for 6 weeks, left shoulder is not medically necessary for this patient.