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| Case Number: | CM15-0024165 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 02/27/2014 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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 53-year-old male, who sustained an industrial injury on February 27, 2014. He reported right shoulder injury. The injured worker was diagnosed as having status post right rotator cuff repair, right shoulder impingement syndrome, and right shoulder acromioclavicular separation/strain. Treatment to date has included right shoulder surgery, physical therapy, and medications. Currently, the injured worker complains of continued right shoulder pain. A physical therapy note indicates advising the injured worker to cancel physical therapy appointments until he is seen by his physician due to inability "to do anything secondary to increased pain". A physical therapy note on December 19, 2014, indicates he has tenderness in the right shoulder, decreased range of motion, decreased strength, and decreased use of the right shoulder. Per a Pr-2 dated 1/2/2015, the claimant had surgery on 7/19/2014. He has had 20 physical therapy sessions then and he is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (QTY and Duration Unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, the provider should make a request for six or less visits. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but this request does not specify the number of visits requested. If functional improvement is documented, further acupuncture may be medically necessary. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Further acupuncture is not medically necessary without further specification.