

Case Number:	CM15-0025533		
Date Assigned:	02/18/2015	Date of Injury:	05/05/2011
Decision Date:	05/11/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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: California
 Certification(s)/Specialty: Emergency 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 39 year old female who sustained an industrial injury on 05/05/2011. A primary treating office visit dated 08/07/2014 reported the patient with subjective complaint of neck, bilateral shoulders, left side of abdomen, and new onset of headaches. Her primary symptoms at this time are in the neck and shoulders with occasional headache. She no longer complains of abdominal issue. She is presenting today with complaint of pain as follows: cervical pain that is achy and sharp and right shoulder pain that is also achy and constant. She is also with headache in the temporal region. The following diagnoses are applied: multi-level cervical degenerative disc disease, per radiographic study 10/17/2013; cervical spine radiculopathy, C5-6, per positive nerve conduction velocity study of 03/23/2012; right carpal tunnel syndrome, right shoulder impingement syndrome; right acromioclavicular cartilage disorder, and right subcromial/subdeltoid bursitis. The plan of care involved recommending follow up, pain management consultation; medication refill of Tramadol, Naproxen, omeprazole; and continue with work status regular dull work. Another primary treating office visit dated 12/24/2014 reported the patient presenting for injection administration right shoulder. She is diagnosed with calcific tendinitis of the right infraspinatus tendon; minimal degenerative changes of the right acromioclavicular joint, mild amount of fluid. The plan of care involved follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop acupuncture twice a week for five weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Postop acupuncture twice a week for five weeks for the right shoulder is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation". The injured worker has cervical pain that is achy and sharp and right shoulder pain that is also achy and constant. She is also with headache in the temporal region. The treating physician has not documented the medical necessity for acupuncture sessions in excess of the recommended 4-6 session trial and re-evaluation. The criteria noted above not having been met, Postop acupuncture twice a week for five weeks for the right shoulder, is not medically necessary.