

Case Number:	CM15-0037725		
Date Assigned:	03/06/2015	Date of Injury:	03/13/2013
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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 66 year old female, who sustained an industrial injury on March 13, 2013. The diagnoses have included left rotator cuff tendinopathy versus adhesive capsulitis. Treatment to date has included multiple cortisone injections, Lidoderm patches and Norco. Currently, the injured worker complains of left shoulder pain. In a progress note dated February 2, 2015, the treating provider reports examination of the left shoulder reveals decreased range of motion, positive Neer and Hawkins on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions 2 times a week for 6 weeks to the left shoulder as an outpatient:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline recommends an initial trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional

improvement. There was no evidence of prior acupuncture care. The patient is a candidate for an initial course of acupuncture therapy. However, the provider's request for 12 acupuncture session to the left shoulder exceeds the guidelines for an initial trial. Therefore, the provider's request for 12 acupuncture session to the left shoulder is not medically necessary at this time.