

Case Number:	CM15-0065265		
Date Assigned:	04/13/2015	Date of Injury:	02/05/2013
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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 45 year old male, who sustained an industrial injury on February 5, 2013. The injured worker reported left shoulder pain due to tripping on uneven ground. The injured worker was diagnosed as having left shoulder slap lesion, debridement and adhesions, left shoulder impingement syndrome, left shoulder chronic pain and left shoulder frozen shoulder. Treatment and diagnostic studies to date have included medication, physical therapy, surgery, electromyogram, nerve conduction study, x-ray and magnetic resonance imaging (MRI). An orthopedic evaluation dated March 12, 2015 provides the injured worker complains of left shoulder pain rated 7-8/10 and radiating to the hand. Physical exam notes decreased range of motion (ROM) with increased pain. The plan includes surgery and related treatments and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op acupuncture two (2) times a week for 6 weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 12 post-op acupuncture sessions which were modified to 3 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.