

Case Number:	CM15-0078575		
Date Assigned:	04/29/2015	Date of Injury:	01/21/2011
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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 57 year old male patient who sustained an industrial injury on 01/21/2011. A primary treating office visit dated 10/01/2014 reported the patient with subjective complaint of left shoulder, left elbow, left wrist, and left hand pains. Of note there is a pending injection. The patient states the medication allow s him increased activity and function. He is diagnosed with left shoulder status post surgery with hardware defect; left elbow, and wrist resolved, bilateral carpal tunnel syndrome, left ulnar neuropathy. The plan of care involved follow up with psychiatry, therapy, continue taking medications, and follow up in 4 weeks. A more recent primary treating office visit dated 03/12/2015 reported medications dispensed as: Flexeril, Anaprox DS, and Prilosec. Prescribed medications are: Ultram, and Compound cream. The patient is with subjective complaint of constant achy left shoulder pain. He is also having headaches and difficulty sleeping. In addition, he is anxious and depressed. The following diagnoses are applied: left rotator cuff tear; left shoulder internal derangement; left shoulder strain/sprain; headaches; insomnia; anxiety, and depression.

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 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: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends 3-6 visits to produce functional improvement. The patient complained of constant achy left shoulder pain. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. However, the provider's request for 12 acupuncture session to the left shoulder exceeds the guidelines recommendation. Therefore, the provider's request is not medically necessary.