

Case Number:	CM15-0079534		
Date Assigned:	04/30/2015	Date of Injury:	06/20/2014
Decision Date:	06/03/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/25/2015

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 47 year old male, who sustained an industrial/work injury on 6/20/14. He reported initial complaints of shoulder and upper arm pain. The injured worker was diagnosed as having chronic pain syndrome, partial rotator cuff tear, impingement syndrome, and distal clavicle arthrosis of right shoulder. Treatment to date has included medication, diagnostics, and chiropractor treatment. MRI results were reported on 7/28/14. Currently, the injured worker complains of shoulder pain rated 2/10. Per the physician's medical evaluation on 3/4/15, examination revealed tenderness in the right acromioclavicular joint, bicep tendon groove, and superior deltoid. There was limited range of motion and motor strength to the right shoulder, positive anterior apprehension sign, Hawkin's test, Neer impingement test. Current plan of care included shoulder surgery. The requested treatments include right shoulder, Acupuncture Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder, Acupuncture Therapy (12 Visits): 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 acupuncture sessions, which were modified to 6 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.