

Case Number:	CM15-0094327		
Date Assigned:	05/21/2015	Date of Injury:	04/18/2011
Decision Date:	06/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/18/2015

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 56-year-old, male who sustained a work related injury on 4/18/11. The diagnoses have included status post left acromioclavicular reconstruction, malunion of coracoid, malunion of scapula, posttraumatic stress disorder and major depressive disorder. Treatments have included psychological treatments, medications, left shoulder surgery and postoperative physical therapy. In the PR-2 dated 3/20/15, the injured worker complains of left shoulder pain. He has pain and tenderness with left shoulder. He has burning pain down his left arm. He has decreased range of motion in left shoulder. His external rotation strength is definitely weaker. The treatment plan includes a re-request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Left Shoulder (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested trial of 12 acupuncture sessions for left shoulder which were non-certified 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, the request is not medically necessary.