

Case Number:	CM15-0095527		
Date Assigned:	05/22/2015	Date of Injury:	01/24/2012
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
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: 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 41 year old male, who sustained an industrial injury on 1/24/2012. He reported left shoulder pain. The injured worker was diagnosed as having cervical radiculitis, rotator cuff injury and sprain of shoulder/arm. Treatment to date has included 24 physical therapy, medications, left shoulder surgery, magnetic resonance imaging, and urine drug screening. The request is for acupuncture. On 3/30/2015, he complained of moderate to severe left shoulder pain and lateral neck pains. He described the pain as stabbing in the scapula and radiating down to the left dorsal hand with intermittent numbness to the index and long fingers. He stated he could not carry a gallon of milk on the left side. Current medications are listed as: Lyrica, and Tylenol. The physical examination is reported as unchanged. There is a 50 degree left shoulder drop, no limitation or tenderness noted to the cervical spine. The left shoulder range of motion is restricted with flexion at 175 degrees, abduction 170 degrees, internal rotation behind body 70 degrees, and external rotation 60 degrees. Testing revealed negative Neer, Hawkins, Empty Cans and shoulder crossover, and Speeds, Yergason's, and Popeye's. There is tenderness to the biceps groove, rhomboids, subdeltoid bursa, and trapezius areas. The treatment plan included acupuncture and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times weekly for 3 weeks, quantity; 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.