

Case Number:	CM13-0013653		
Date Assigned:	12/18/2013	Date of Injury:	03/11/2010
Decision Date:	02/04/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old female, with a date of injury of 3/11/2010. According to the progress report dated 6/24/2013, the patient was diagnosed with rotator cuff sprain 840.4, sprain of unspecified site of shoulder and upper arm 840.9, unspecified derangement of joint of shoulder region 714.91, and adhesive capsulitis of shoulder 726.0. The patient complained of shoulder pain. She noted that she has been doing a lot worse since she has not had acupuncture. The patient stated that it helped with her pain and anxiety. She also states that she has a lot more swelling in the mid aspect of her lower back. The patient also reported, that she was able to move more when she was in the pool. The ranges of motion in the left shoulder in degrees are as follows: forward flexion 70, abduction was 45, and internal and external rotation was markedly reduced. There was anterior and posterior glenohumeral tenderness. The right shoulder forward flexion was 120 degrees and abduction was 45. There was pain with range of motion and the patient exhibited positive crossed impingement signs. There was tenderness at the insertion of the supraspinatus tendon. Muscle spasms were present in bilateral trapezius and infrascapular muscles. There was significant swelling in the C6-8 area superficially.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions #6: 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. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. The patient noted that she had completed 26 acupuncture sessions, as of the progress report dated 10/22/2012. She reported significant improvement in sleep and her shoulder pain but her objective findings remained the same. There was no evidence of objective functional improvement with acupuncture care. Therefore, the provider's request for an additional six (6) acupuncture sessions is not medically necessary.