

Case Number:	CM13-0002747		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2011
Decision Date:	02/28/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/23/2013

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. The expert reviewer is a Chiropractor and Acupuncturist 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 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/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:

Claimant is a 55 year old female who sustained a work related injury on 6/6/2011. Her diagnoses are rotator cuff syndrome and calcific tendonitis. According to a report dated 12/10/2013, the claimant has new left hand pain along with low back, left ankle, left shoulder pain. She is benefitting from physical therapy. Prior treatment includes radiofrequency ablation, acupuncture, oral medications, physical therapy and left shoulder surgery. She is currently working full time with restrictions. She has had six prior sessions of acupuncture, but the treatments were concentrated in her low back according to a PR-2 dated 7/17/2013. There was improvement in her low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture for the left shoulder 2 times a week over 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a

reduction in work restrictions. However the provider failed to document functional improvement associated with her acupuncture visits. A prior acupuncture was trial was approved and there was improvement in pain in the low back. However, there is inadequate current documentation of functional improvement as recommended by MTUS prior to considering additional acupuncture. In regards to prior acupuncture rendered, there has been no significant, measurable outcome, increases in ability to perform activities of daily living or job related activities, or reduction in pain medication. Therefore further acupuncture is not medically necessary.