

Case Number:	CM13-0008333		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2009
Decision Date:	02/18/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/07/2013

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 licensed 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 51 year old female who was involved in a work related injury on 8/27/2009. Her main diagnoses are rotator cuff syndrome, status post neck and left shoulder surgery, shoulder strain, and thoracic strain. Prior treatment includes acupuncture, physical therapy, home exercise program, surgery, and oral medication. According to a PR-2 on 1/4/2013, the claimant is having right shoulder and trapezius strain with sharp stabbing pain in her anterior right shoulder and upper back area. The claimant is on modified duty. Per a PR-2 on 1/2/2013, the claimant is undergoing physical therapy and a home exercise program which has made her feel better. Her physical therapist states that she has made very little improvement. Prior denials in 2012 for acupuncture were made due to the lack of functional improvement from an acupuncture trial of eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture three times a week for two weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation AXU Guidelines Title 8, California Code of Regulations, Section 9792.21 Medical Treatment Utilization Schedule

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 prior acupuncture visits. The claimant also is not making much improvement with her home exercise program and physical therapy. Therefore further acupuncture is not medically necessary.