

Case Number:	CM13-0008556		
Date Assigned:	10/11/2013	Date of Injury:	02/14/2012
Decision Date:	03/26/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/08/2013

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 Licensed in Chiropractic and 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 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:

The injured worker is a 58 year old female who reported neck and right shoulder pain from injury sustained on 2/14/12. Injury is due to repetitive motion. Patient was diagnosed with cervicalgia, superior glenoid labrum lesion and shoulder impingement syndrome. She has had prior shoulder injury at work resulting in 2 surgeries. Patient has been treated with medication, physical therapy, cortisone shot. Per notes dated 3/29/13, patient complains of bilateral shoulder pain and neck pain. Pain is 8/10 with occasional radiation and numbness down the right arm. Primary treating physician is now recommending an initial course of acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 weeks (To the right shoulder only) QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- "Acupuncture treatments may be extended if functional improvement is documented". The Patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. 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, 8 Acupuncture visits are not medically necessary.