

Case Number:	CM13-0017162		
Date Assigned:	03/26/2014	Date of Injury:	06/07/2000
Decision Date:	05/02/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/27/2013

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 claimant is a 54 year old male who sustained a work related injury on 6/7/2000. Per a PR-2 dated 3/12/2014, he continues to have persistent and relentless pain and problems with his shoulder. Per a PR-2 dated 1/2/2014, he has pain in the left shoulder, and associated numbness and tingling in bilateral arms. He had a corticosteroid injection on that date. His primary diagnosis is supraspinatus tendonitis and impingement syndrome. Prior treatment includes cortisone injections, three prior shoulder surgeries on each shoulder, physical therapy, psychotherapy, home exercise program, and TENS. The claimant is not currently working. It is unclear whether the claimant has had prior acupuncture, but the physician is currently requesting an initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF ACUPUNCTURE: 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, an initial trial of acupuncture consists of six visits. A request for twelve visits exceeds the recommended number and therefore

is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Therefore, 12 acupuncture visits are not medically necessary. If this is not a request for an initial trial, there is no documented functional improvement to substantiate further acupuncture treatment.