

Case Number:	CM13-0018412		
Date Assigned:	10/11/2013	Date of Injury:	09/30/2012
Decision Date:	06/19/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 patient is a 36 year old female with a date of injury of 9/30/2012. According to the progress report dated 8/22/2013, the patient complained of neck, left shoulder, and right shoulder pain. The patient is having increasing low back pain. Significant objective findings include tenderness and spasm posteriorly in the cervical spine and the patient experiences pain with with range of motion. The range of motion in the cervical spine is 40 degrees in flexion, 20 degrees in extension, bilateral rotation at 60 degrees, and 20 degrees bilateral bending. Right shoulder flexion is at 160 degrees, 160 degrees in abduction, 60 degrees in external rotation and internal rotation. Left shoulder flexion at 140 degrees, abduction at 90 degrees, internal and external rotation at 60 degrees. The patient was diagnosed with disc protrusion, cervical spine and rotator cuff injury of bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUP X 8 LEFT ARM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Guideline states that acupuncture may be extended if there is documentation of functional improvement. According to the medical records provided, the patient had received 20 sessions of acupuncture to date. There was no documentation of functional improvement from prior acupuncture care. Therefore, the provider's request for 8 acupuncture sessions for the left arm is not medically necessary at this time.