MAXIMUS Federal Services

Case Number:	CM13-0025242		
Date Assigned:	11/20/2013	Date of Injury:	06/06/2011
Decision Date:	01/14/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Oncology and is licensed to practice in Texas. 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 physician 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 60 year old male who reported an injury on 06/06/20111 when a box of lunchmeat fell from 6-7 feet onto his left shoulder and neck. He was subsequently diagnosed with a contusion of the left shoulder and treated with NSAIDs, physical therapy, trigger point injections, epidural steroid injections, a home exercise program, imaging studies, herbal medications, muscle relaxants, and acupuncture. In the permanent and stationary report dated 03/15/2013, the patient reports that the injury has not affected his activities of daily living. It also notes that he works full duty, but that he would not be able to without the aid of medications. He is reported to have reached maximum medical improvement with an overall whole person impairment rating of 18%, half of which is contributed to the compensable injury and the other half to preexisting underlying conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture for a duration of 1-2 months if functional improvement is documented. According to guidelines, functional improvement is defined as measurable, and includes improvement in activities of daily living and a decrease in work restrictions. As per the notes dated 03/15/2013, 06/26/2013, and 08/21/2013, the patient does not report deficits in activities of daily living and is working with no restrictions. Also, there were no measurable findings of improved function in any of the clinical notes provided. Therefore, the request for 6 additional acupuncture sessions are non-certified.