

Case Number:	CM13-0036139		
Date Assigned:	12/13/2013	Date of Injury:	12/19/2012
Decision Date:	05/26/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 Board Certified in Chiropractic has a subspecialty in 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 patient reported a date of injury of 12/19/2013. According to the progress report dated 9/6/2013, the patient complained of right shoulder pain, right wrist pain, right hand/finger pain and left knee pain. It was noted that there were no functional changes since last examination. It was noted that the patient had 5 acupuncture sessions, 24 chiropractic treatments and 20 physical therapy sessions. Significant objective findings included antalgic gait favoring left lower extremity. It was noted that there were no changes in physical exam since last visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture guideline recommends an initial trial of 3-6 acupuncture treatments to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. The records indicate that the patient had several acupuncture treatments in the past. The provider noted that the patient reported mild

improvement in the right shoulder and wrist with acupuncture treatments. However, there was no objective documentation of functional improvement from acupuncture treatments. The acupuncture office note failed to document any functional improvement gained from acupuncture treatment. Based on the lack of functional improvement, the provider's request for acupuncture 3 times a week for 4 weeks is not medically necessary.