

Case Number:	CM13-0037893		
Date Assigned:	12/18/2013	Date of Injury:	09/15/2010
Decision Date:	05/08/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/24/2013

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 Medicine; 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 claimant is a 58 year old male who sustained a work related injury on September 15, 2010. Prior treatments include physical therapy, right arthroscopic surgery, trigger point injections, and oral medications. The claimants diagnoses are chronic left shoulder impingement syndrome, left shoulder rotator cuff tendonitis, left acromio-calvicular degenerative arthritis, status post arthroscopic surgery, osteoarthritis shoulder/acromioclavicular (AC) joint, buristitis subacromial, impingement syndrome. According to a primary treating physician's progress report (PR-2) dated March 19, 2013, the claimant paid for one acupuncture session that he found helpful. According to a PR-2 dated September 5, 2013, the claimant had increased pain in the left shoulder and pain on the right shoulder as well. He is working full time without restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF ACUPUNCTURE TREATMENT TO THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, an initial trial of acupuncture consists of six (6) visits. A request for twelve (12) 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. Twelve visits of acupuncture are not medically necessary