

Case Number:	CM13-0038455		
Date Assigned:	04/18/2014	Date of Injury:	04/20/2013
Decision Date:	05/23/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/25/2013

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 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:

This is a 51 year old female patient with pain complains of right shoulder and mid back. Diagnoses included sprain of thoracic spine, right rotator cuff tear, cervical intervertebral disc syndrome. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. A request for an acupuncture trial x6 was made on 09-20-13 by the PTP (exam date 08-21-13). The requested care was denied on 10-03-13 by the UR reviewer. The reviewer rationale was "acupuncture may be used as an option when pain medication is reduced or not tolerated, which was not documented in the records. In addition the body parts to be treated were not specific. Significant physical deficits were also not documented. Therefore, the medical necessity of this request is not substantiated".

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The PR dated 08-21-13 includes as part of the treatment plan, acupuncture 1x6, but it does not establish a clear, updated clinical status of the patient with current subjective

complains, objective findings, motor-sensory-functional deficits that would substantiate a medical indication for any additional care. Therefore the request for acupuncture 1x6 is not supported for medical necessity.