

Case Number:	CM13-0039788		
Date Assigned:	12/20/2013	Date of Injury:	01/17/2012
Decision Date:	03/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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, 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 is a 50-year-old female with a date of injury of 01/17/2012. According to the most recent progress report dated 9/11/2013, the patient complained of shoulder pain. Overhead activities and lifting aggravates the pain. The patient rated her pain at 7-8 out of 10. The patient has had 5 sessions of acupuncture. Significant object findings include Jamar grip dynamometer strength of 18/24/26 kg on the right and 14/14/15 kg on the left. There was tenderness over the acromial in the left shoulder. The patient's active range of motion in the left shoulder normal in adduction and decrease range in flexion, abduction, internal rotation, and external rotation. The patient was diagnosed with status post surgery, left shoulder x2 V54.89.

IMR ISSUES, DECISIONS AND RATIONALES

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

continued Acupuncture 2 times a week for 4 weeks to the Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. The report indicates that the patient received 5 acupuncture sessions. However, there was no documentation of functional

improvement from those acupuncture sessions; therefore, the provider's request for additional acupuncture 2 times a week for 4 weeks to the left shoulder is not medically necessary at this time