

Case Number:	CM13-0042076		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2013
Decision Date:	04/10/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 & 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:

Claimant is a 29 year old female who sustained a work related injury on 1/18/2013. Her diagnoses include left shoulder sprain/strain and rotator cuff injury with tendonitis, and possible lumbosacral radiculopathy. Prior treatment includes acupuncture, chiropractic, physical therapy, epidural injection, and oral medication. Per a PR-2 note dated 11/25/2013, the claimant is awaiting the approval of acupuncture. She has less pain in her back and leg but still has left shoulder pain. According to a PR-2 note dated 11/1/2013, the acupuncture has been helpful to decrease low back, leg, and left shoulder pain. There are acupuncture notes with treatment dates of 10/10/2013, 10/18/2013, 10/22/2013, 10/25/2013, 10/28/2013, 10/30/2013, 12/3/2013, 12/9/2013, 12/11/2013, 12/16/2013, 12/18/2013, 1/6/2014, and 1/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture, infrared with myofascial release for the left shoulder and low back (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced Acupuncture guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had at least 13 acupuncture sessions from 10/2013 to 1/2014. However, the provider failed to document functional improvement associated with her acupuncture visits. Therefore, further acupuncture is not medically necessary and appropriate.