

Case Number:	CM13-0042985		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2012
Decision Date:	02/26/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 and 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 physician 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 50 year old male who sustained a work related injury on 12/2/2012. His primary diagnoses are recurrent dislocated shoulder, cervical sprain/strain with radiculopathy, and bilateral shoulder glenoid labral tear. Prior treatment includes surgery, immobilization, HEP, pre and post operative physical therapy, oral medication and acupuncture. He complains of frequent moderate dull, achy, sharp neck pain and stiffness with movement. He also has moderate dull achy left elbow pain and stiffness associated with movement and overhead reaching. There is an acupuncture treatment note dated 9/30/2013 that states that the claimant is unchanged with treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture sessions of the bilateral shoulders: 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 based 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 prior acupuncture of unknown quantity. However the provider failed to document functional improvement associated with her acupuncture visits. There is an acupuncture note that states the claimant is unchanged with acupuncture. Without any improvement from prior acupuncture, further acupuncture is not medically necessary.