

Case Number:	CM13-0045833		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2003
Decision Date:	04/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 female who sustained a work-related injury on 6/13/03. Prior treatment includes oral medication, right carpal tunnel release, right third and fourth trigger finger release, right ulnar transposiiton, right shoulder arthroscopic surgery, physical therapy, right shoulder manipulation under anesthesia, right shoulder intra-articular injection, and acupuncture. Her diagnoses are residuals of cervical strain with C3-C6 disc herniation/spondylosis, rotator cuff partial tear, type II acromium, bicep tendonitis and SLAP lesion, status post right shoulder athroscopic debridement, subacromial decompression, SLAP repair and partial synovectomy, residuals of right carpal tunnel syndrome, status right post carpal tunnel reselase, and status post trigger finger release. An initial trial of acupuncture was recommended on 2/27/13. According to a PR-2 dated 9/25/13, the claimant had increased pain. She has residual neck and right shoulder pain described to be aching and burning. The physician states that she started initial phase of acupuncture with clinical repsonse. The request is for six additional acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS OF ACUPUNCTURE FOR THE RIGHT SHOULDER: 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 refers to either a clinically significant improvement in activities of daily living or a reduction in work restrictions. However the provider failed to document functional improvement associated with her acupuncture visits. He states that there is a clinical response, but no details are provided. Therefore in the absence of clinical improvement, further acupuncture is not medically necessary