

Case Number:	CM13-0060646		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2012
Decision Date:	04/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 40 year old male with date of injury 12/17/12. The treating physician report dated 11/1/13 is a hand written PR-2 that is barely legible. The diagnosis is 1.right shoulder tendon. The utilization review report dated 11/20/13 denied acupuncture 1x4 due to lack of functional improvement with prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE WITHOUT STIMULATION 15 MINUTES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has chronic right shoulder pain. The treating physician report dated 11/1/13 gives very little clinical information and it might be stated that the patient has +Neer's and +Hawkins tests. Review of the Acupuncture Medical Treatment Guidelines (AMTG) does not recommend acupuncture treatment of the shoulder. The AMTG also states that if acupuncture treatments are to be extended then there must be documented functional improvement. This current request is for acupuncture 1x4 of the right shoulder. The AMTG

does not support on-going acupuncture treatments without documentation of functional improvement. Functional improvement per labor code 9792.20(e) require significant change in ADL's, improvement in work status or decreased dependence of other treatments. In this case, none of these are documented despite 16 prior treatments. Recommendation is for denial.