

Case Number:	CM13-0066753		
Date Assigned:	05/07/2014	Date of Injury:	04/12/2006
Decision Date:	06/13/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/17/2013

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, 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 54 year old female with a date of injury of 4/12/2006. According to the progress report dated 10/29/2013, the patient complained of right shoulder pain. The patient rates stated that her pain ranges from 4/10 to 8/10. She feels weaker on the right side and has difficulty sleeping because of the pain. Significant objective findings include multiple trigger points in the cervical spine, negative Spurling's maneuver bilaterally, full range of motion in the right shoulder in flexion and abduction. There was limited range of motion with internal rotation. Bicipital and subacromial area were mildly tender. The AC joint in nontender. Sensations were within normal limits in the bilateral upper extremities. The patient was diagnosed with right shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 ACUPUNCTURE TREATMENTS 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: The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends a trial of 3-6 treatments over 1-2 months to produce functional

improvement. Acupuncture may be extended if there is documentation of functional improvement. Based on the medical records, the current prescription would most accurately be evaluated as an initial trial, which the guidelines recommends 3-6 visits. The provider requested 10 acupuncture visits, which exceeds the guideline's recommendation; therefore, the provider's request is not medically necessary at this time without documentation of functional improvement from the initial trial.