

Case Number:	CM13-0066895		
Date Assigned:	01/03/2014	Date of Injury:	10/24/2011
Decision Date:	05/21/2014	UR Denial Date:	12/02/2013
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 licensed in Chiropractic Care 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:

Claimant is a 57 year old female who sustained a work related injury on 10/24/2011. Prior treatment includes corticosteroid injections, oral medication, chiropractic, acupuncture in 2011, physical therapy. Per a PR-2 dated 8/13/2013, the claimant has right shoulder pain. He also states that she has gone through acupuncture and physical therapy that did not help. There is muscle weakness in the right shoulder. Her diagnoses is right shoulder impingement syndrome with tendonitis and adhesive capsulitis. The provider is requesting surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNTURE, RIGHT SHOULDER, RIGHT ELBOW, RIGHT WRIST 1X6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. The claimant has had an unknown number of acupuncture visits, but the provider failed to document functional improvement associated with her acupuncture visits. In addition, the provider even states that acupuncture is not helpful and is requesting surgical intervention. It is unclear why

there is a request for acupuncture when the provider has stated that acupuncture is not helpful.
Therefore further acupuncture is not medically necessary.