

Case Number:	CM13-0071279		
Date Assigned:	01/08/2014	Date of Injury:	06/19/2012
Decision Date:	06/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/26/2013

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a represented female, employed by [REDACTED] as a field worker who has filed a claim for an industrial injury causing left shoulder pain with loss of range of motion. The applicant stated she stepped in a hole with her right foot, twisted awkwardly causing her pain in her neck and left shoulder. Since this incident, the applicant has received X-rays of her cervical and lumbosacral spine, multiple trigger point injections over her left trapezius muscle, chiropractic care, physical therapy, and pain management utilizing pain, anti-inflammatory, and anti-spasmodic medications. Requests for acupuncture previously submitted, however, it is unclear if the applicant received such treatments. On 1/31/14, date of the utilization review determination, the claims administrator did not find it reasonable for the applicant to receive acupuncture therapy and did not certify such. No documentation of the applicant currently involved in an active physical rehabilitation program or having daily living functional improvement goals documented as a result of these acupuncture sessions; all as per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT SHOULDER:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear the applicant has had prior acupuncture sessions, but nevertheless, documentation is not provided of measurable goals in functional improvement with the applicant's daily activities, of involvement in an active physical rehabilitation program or involvement in a program to reduce her pain medication at the time this request was submitted. Therefore, as noted in MTUS 9792.24.1. acupuncture therapy is not medically necessary.