

Case Number:	CM14-0003967		
Date Assigned:	02/03/2014	Date of Injury:	07/14/2013
Decision Date:	06/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 has filed a claim for a cumulative industrial injury affecting her left shoulder and cervical spine. MRI's (magnetic resonance imaging) obtained of her left shoulder and cervical spine; positive for lax joint capsule and mild disc bulge at multiple levels of the cervical spine. Other conservative care provided includes physical therapy, and pain management with opiates and anti - inflammatory medication. At the date of the determination, 12/20/13, the claim administrator modified the original request from twelve acupuncture visits to six visits stating the original request exceeds the MTUS guideline recommendations for an initial course of acupuncture therapy. $\hat{\alpha}$

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE AT 2X6 FOR 12 TOTAL VISITS FOR LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is evident the applicant is in pain and her current course of treatment with other modalities have had limited results in functional improvement or benefit to her condition, so a modified course from twelve acupuncture sessions to six as an initial course of acupuncture

is certified. The request for twelve exceeds the MTUS guidelines recommendations for an initial course of acupuncture to establish functional improvement in the applicant. As such, the request is not certified.