

Case Number:	CM14-0006391		
Date Assigned:	02/07/2014	Date of Injury:	04/27/2010
Decision Date:	06/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 is a male employee of [REDACTED] who filed a claim for an industrial injury affecting his neck and left shoulder, arm, hand and fingers. Following the incident on 4/27/10, he received conservative care of physical therapy, and anti-inflammatory medication and muscle relaxants; refuses narcotics. He had MRI's obtained of his left shoulder and cervical spine in June 2012 and May 2012, respectively. At the date of the determination, 1/8/14, the claim administrator modified the original request from ten acupuncture visits to six visits stating the original request exceeds the MTUS guideline recommendations for an initial course of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL ACUPUNCTURE TIMES TEN (10) SESSIONS: 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 has left shoulder injury causing severe pain and sensitivity to light touch on his arm, hand and fingers. His current course of treatment utilizing other modalities have not had great results of functional improvement or benefit to his condition,

so a modified course from ten acupuncture sessions to six as an initial course of acupuncture. The original request for ten exceeds by four visits, as per the Acupuncture Medical Treatment Guidelines, section 9792.24.1 guidelines for an initial course of acupuncture to establish functional improvement in the applicant. Given the above the request is not medically necessary.