

Case Number:	CM14-0011231		
Date Assigned:	02/26/2014	Date of Injury:	11/03/2000
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/28/2014

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 Family Medicine and is licensed to practice in Arizona. 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 51 year old male with a date of injury on 11/3/2000. Diagnoses include shoulder arthritis, post lumbar laminectomy syndrome, status post shoulder surgery, and chronic neck pain. Subjective complaints are of pain in the neck, upper back and right shoulder with radiation down the arm. Physical exam shows right shoulder tenderness, spasm, and normal range of motion. Cervical spine exam shows limited range of motion, spasm, and tenderness over paraspinal muscles. Prior treatments include mental health evaluation, physical therapy, chiropractic, acupuncture, and medications. MRI of right shoulder from 1/2013 showed non healing supraspinatus detachment. Six sessions of acupuncture was certified in 7/2013. Submitted documentation shows one progress note from acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 4 NECK AND RIGHT SHOULDER /: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS acupuncture guidelines suggest acupuncture as an adjunct to physical rehabilitation or surgery to hasten functional recovery. Time to produce improvement is

usually 3-6 sessions. Sessions can be extended if functional improvement is documented with functional improvement, meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. According to submitted medical records the patient has already received prior acupuncture treatments, but there are no documented specifics of ongoing pain relief or functional improvement. Therefore, the medical necessity of further treatments is not established.