

Case Number:	CM14-0014614		
Date Assigned:	02/28/2014	Date of Injury:	05/04/2013
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 licensed in Chiropractic 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:

The patient is 40 year old male with a date of injury of 05/04/2013. According to the progress report dated 1/16/2014, the patient complained of neck, right shoulder, right wrist, lower back, right knee, and mid back pain. The pain was frequent. Significant objective findings moderate palpable tenderness in the cervical spine, slightly improved range of motion in the cervical spine, positive shoulder distraction, positive Kemps, positive straight leg raise, positive, Ely's, positive Milgrams, positive Valsalva, decreased grip strength, positive Tinel's, and positive Phalen's. The patient is diagnosed with cervical spine disc bulges, thoracic spine sprain/strain, rotator cuff tear right shoulder, bilateral carpal tunnel, right cubital tunnel, right knee sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENTS - EIGHT VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 8 - NECK AND UPPER BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the

patient had prior acupuncture care. The provider noted that the patient had improvement in pain level and ranges of motion. He is responding satisfactorily to acupuncture and progressing with improvement. Slight increase in the ranges of motion does not equate to functional improvement. The guideline states that functional improvement is defined as either clinically significant improvement in activities of daily living or reduction in work restriction and a reduction in dependency on continued medical treatment. The patient was evaluated by an orthopedic surgeon and the provider recommended right shoulder surgery. Based on the lack of documentation of functional improvement from prior acupuncture care, the provider's request for 8 additional acupuncture treatments is not medically necessary at this time.