

Case Number:	CM14-0017859		
Date Assigned:	04/16/2014	Date of Injury:	06/11/2011
Decision Date:	10/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 & 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:

This claimant is a 62 year old female who sustained a work related injury on 7/11/2012. Per a PR-2 dated 11/14/2013, the claimant complains of right shoulder pain with decreased range of motion. She also notes pain with neck and low back pain. She has started acupuncture. Her diagnoses are lumbosacral sprain/strain, cervical sprain/strain, right shoulder sprain/strain, lumbar radiculitis/neuritis, myalgia/myositis, and SI joint subluxation. She is working with modifications of no lifting greater than 20 lbs and overhead lifting of the right upper extremity. Per an acupuncture PR-2 dated 8/12/2013, the claimant complains of right shoulder pain. Pain increases with weight bearing and lifting objects above shoulder height. Pain remains constant. She also has leg and back pain. Her evaluation reveals decrease of motion of right shoulder, hypertonic and tender to palpation muscles along right shoulder region. The claimant has work restrictions of no lifting greater than 25 lbs and no pushing greater than 30-35 lbs. Per a Pr-2 dated 10/10/2013, the claimant is improving with increased lumbar and cervical range of motion. She complains of pain with lifting greater than 25 lbs. She has completed 1x acupuncture and it appeared productive. She is working with modifications with no lifting over 20 lbs, avoidance of repeated bending, stopping, twisting, and repeated overhead activities. Per a PR-2 dated 8/8/13, the claimant has the same work restrictions. Per an acupuncture denial reconsideration dated 2/5/2014, the provider is requesting six acupuncture visits due to side effects or problems with other modalities to achieve functional restoration. Per a prior UR-review, the Pr-2 dated 1/17/14 notes that the claimant has completed her authorized acupuncture visits with decreased pain with the same work restrictions. Other prior therapies include physical therapy, medications and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ACUPUNCTURE SESSIONS 1 TO 2 TIMES A WEEK FOR THE LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and with reported. However, the provider fails to document objective functional improvement associated with acupuncture treatment and work restrictions appear to remain the same. Therefore further acupuncture is not medically necessary.