

Case Number:	CM14-0126172		
Date Assigned:	09/24/2014	Date of Injury:	04/30/1997
Decision Date:	12/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in 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 a 64-year-old female with a date of injury of 4/30/1997. According to the progress report 6/24/2014, the patient complained of bilateral shoulder pain. The pain was described as throbbing, aching, burning, soreness, and popping in nature. The right shoulder was rated at 6-7/10. The left shoulder was rated at 10/10. Significant objective findings include tenderness over the right shoulder, shoulder flexion at 100 degrees, abduction 90 degrees, and 35 degrees in extension. Neer's test was positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (2) two times a week for (3) three weeks to the bilateral shoulders:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states acupuncture may be extended if there is documentation of functional improvement. The provider noted that the patient received 10 acupuncture sessions. The patient reported that acupuncture helped reduced pain, increase range of motion, and decreasing muscle tension in the upper back and right

shoulder. The patient was able to reach above her shoulder height more easily. In addition, the patient noted less medication usage by 20% with acupuncture. Based on the patient's history and decreased medication usage; additional acupuncture may be necessary. Therefore, the provider's request for 6 additional acupuncture sessions to the bilateral shoulders is medically necessary.