

Case Number:	CM14-0129141		
Date Assigned:	08/18/2014	Date of Injury:	05/30/2012
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 36-year-old female with a date of injury of 5/30/2012. According to the progress report dated 6/10/2014, the patient complained of neck and right shoulder pain. The patient has full range of motion in the right shoulder and tenderness over the sub deltoid bursa and bicipital tendon. The cervical exam revealed paraspinal muscle spasm on the right side. The patient was diagnosed with rotator cuff syndrome, cervicalgia, and cumulative trauma from repetitive motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to records the patient was authorized an initial trial of 4 acupuncture session on 4/23/2014. The patient was authorized additional 2 acupuncture sessions on 7/17/2014. There was no documentation of functional improvement form the 4-acupuncture treatment in the past. The provider was authorized 2 out of the 6-requested acupuncture visit. There was no documentation of functional improvement from the additional 2-acupuncture

session. Therefore, the provider's request for an additional 6 acupuncture is not medically necessary.