

Case Number:	CM14-0151038		
Date Assigned:	09/19/2014	Date of Injury:	01/21/2011
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

Claimant is a 56 year old female who sustained a work related injury on 1/21/2011. Prior treatment includes chiropractic, H-wave, physical therapy, acupuncture, and medications. Per a PR-2 dated 8/6/2014, she has left shoulder pain that gets worse at the end of the workday. She has neck pain, right shoulder pain and headaches as well. Acupuncture is being requested for symptomatic relief of worsening left shoulder symptoms. She previously had a course of acupuncture which was effective in relieving symptoms, improving function, as well as shoulder motion. Her diagnoses are status post right shoulder arthroscopic rotator cuff repair, chronic cervical and upper extremity repetitive strain syndrome, cervical disc bulging and secondary cervical radicular syndrome, and secondary left shoulder strain, and impingement syndrome. She is working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 4 weeks left shoulder and neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture 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 had reported benefits. However, the provider fails to document any objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.