

Case Number:	CM14-0169773		
Date Assigned:	10/20/2014	Date of Injury:	12/06/2011
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 a licensed Chiropractor and Acupuncturist 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 claimant is a 40 year old female who sustained a work related injury on 6/17/2011. Prior treatment includes physical therapy, injections, medications, and acupuncture. Her diagnoses are left shoulder rotator cuff impingement, left shoulder tendonitis, dequervain's tenosynovitis, tendonitis shoulder, ganglion cyst, wrist pain, lateral epicondylitis, and paresthesia, wrist sprain, wrist pain, and crushing injury to fingers. According to a prior UR review dated 9/18/2014, the claimant recently received six acupuncture sessions. Per a report dated 8/18/14, the claimant has left shoulder pain with positive impingement and Neer's test on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture therapy 2x3 (6 sessions) for the left shoulder: 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 with no documentation of benefits. Since, the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.