

Case Number:	CM14-0182603		
Date Assigned:	11/07/2014	Date of Injury:	09/18/2005
Decision Date:	12/26/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 56-year-old woman with date of injury of 9/16/05. She was diagnosed with cervical sprain and right shoulder rotator cuff injury status post repair in 2006. Interventions have included physical therapy, pain medications and injections. Examination was significant for decreased cervical range of motion and associated paraspinal tenderness and decreased left shoulder range of motion. Records indicate that the patient is involved in a home exercise program including swimming and has been referred for chiropractic. Acupuncture 6 sessions was subsequently requested for the diagnosis of cervical and shoulder sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture medical treatment guidelines Page(s): 8-9.

Decision rationale: The injured work presents with chronic pain of the cervical spine and shoulder. Records indicate that the pain level in left shoulder is 7/10. Interventions have included physical therapy, home exercise program, chiropractic. MTUS guidelines recommends

3-6 treatment sessions of acupuncture for chronic pain to produce functional improvement for 1 to 3 times per week for up to 2 months used as an adjunct to physical rehabilitation. The request for 6 acupuncture sessions complies with MTUS guidelines and is therefore medically necessary.