

Case Number:	CM14-0184367		
Date Assigned:	11/12/2014	Date of Injury:	03/28/2013
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 61 year old male who sustained a work related injury on 3/28/2013. Prior treatment includes physical therapy, acupuncture, massage, medications, and injections. Per a Pr-2 dated 10/13/2014, the claimant presents with chronic neck and right shoulder pain. He reports no acute changes to his pain condition. He states that he continues to have persistent neck and right shoulder pain. He is working with restrictions. His diagnoses are neck pain and pain in shoulder. Prior physical therapy, massage, and acupuncture had temporary relief of pain. Per an appeal on 10/17/14, the provider states that he does not have any prior records since he has not had access. He has restricted range of motion in the neck and right shoulder with positive impingement. A right shoulder MRI dated 11/18/13 shows a SLAP tear of the superior labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions (cervical spine): 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 of unknown quantity and duration and had mild subjective benefits of pain relief. However, the provider states that he has no prior records to document functional improvement. Unfortunately without evidence of prior functional improvement, further acupuncture is not medically necessary. In addition, the provider only states that there was a temporary relief of pain which is not functional improvement.