

Case Number:	CM14-0021118		
Date Assigned:	05/07/2014	Date of Injury:	08/11/2011
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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 Medicine, has a subspecialty in 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:

The patient is a 64-year-old with a date of injury of August 11, 2011. According to the progress report dated January 7, 2014, the patient complained of intermittent moderate right shoulder pain. The patient reported mild temporary relief with medications. Significant objective findings include tenderness over the lateral acromion, muscle spasms, some weakness, restricted range of motion, and positive impingement sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES PER WEEK FOR 4 WEEKS TO RIGHT SHOULDER:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends a trial of three to six treatments one to three times a week over one to two months to produce functional improvement. Acupuncture may be extended if there is documentation of functional improvement. There was no evidence that the patient had prior acupuncture care. Based on the medical records, the current prescription for acupuncture would most accurately be evaluated as

initial trial for which the guidelines recommend three to six visits. The provider's request for 8 acupuncture sessions, exceeds the guidelines recommendations.