

Case Number:	CM14-0025451		
Date Assigned:	06/11/2014	Date of Injury:	01/13/2005
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine 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 65 year old female whose date of injury is 01/13/2005. The mechanism of injury is not specified. She is status post left shoulder surgery. Progress report dated 03/12/14 indicates that chief complaint is chronic left shoulder pain, right knee pain and bilateral elbow pain. She has been having acupuncture which has been helping with the pain. Exam of the left shoulder reveals painful range of motion. Forward flexion is to 150 degrees and abduction to 100 degrees. Diagnoses are status post left shoulder surgery, quantity 2, left shoulder clinical impingement, right knee internal derangement, status post bilateral epicondylar release, and status post right knee surgery (06/28/12).

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS FOR THE LEFT SHOULDER & RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines note that optimum duration of treatment is 1-2 months. The submitted records indicate that the injured worker has completed at least 12 sessions of acupuncture to date. There is no clear rationale provided to support exceeding this recommendation. Furthermore, there are no objective measures of improvement

provided to establish efficacy of treatment. Therefore, the request for acupuncture twice a week for six weeks for the left shoulder and right knee is not medically necessary and appropriate.