

Case Number:	CM14-0026684		
Date Assigned:	06/16/2014	Date of Injury:	06/30/2009
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/03/2014

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 Chiropractic care 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 56 year old female who sustained a work related injury on 6/30/2009. Six acupuncture visits were approved as a trial on 2/6/2014. The diagnoses are sprain of the hip, adhesive capsulitis of the shoulder, knee pain, anxiety disorder, pain disorder without agoraphobia, and pain disorder associated with both psychological factors. Per a PR-2 dated 1/9/2014, the claimant has pulling pain in the right shoulder with limited range of motion. She has lower back pain as well. She has tenderness to palpation to the posterior and anterior shoulder and loss of strength in internal and external rotator. She is working full duty. Prior treatment has included physical therapy, chiropractic, oral medication, and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3 X 4 BILATERAL SHOULDERS, BILATERAL KNEES, BILATERAL ANKLES, BILATERAL HIPS, LUMBAR 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 guideline, 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 had a trial of acupuncture approved. However the provider has failed to document functional gains associated with the completion of acupuncture treatment. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial. Therefore twelve session of acupuncture are not medically necessary.