

Case Number:	CM14-0031939		
Date Assigned:	06/20/2014	Date of Injury:	09/05/2007
Decision Date:	08/05/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/13/2014

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 and 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 underlying date of injury in this case is 09/05/2007. The patient's treated diagnosis is shoulder pain. On 02/05/2014, the treating physician saw the patient in followup and noted the patient had ongoing shoulder pain which would be worse at work when he would lift, carry, push, or pull. Previously, on 01/24/2014, the patient was seen for shoulder pain as well as carpal tunnel syndrome. The treatment notes at that time indicate that the patient had received authorization for 6 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1xwk X 1wks Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, Section 24.1, recommends an initial 6 visits of acupuncture. This guideline states that acupuncture treatment may be extended if functional improvement is documented by specific objective criteria defined in section 92.20. The medical records in this case do not document such specific functional improvement for acupuncture. The medical

records do not provide a rationale for the additional acupuncture requested at this time. This request is not medically necessary.