

Case Number:	CM14-0032548		
Date Assigned:	06/20/2014	Date of Injury:	10/26/2009
Decision Date:	08/07/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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, 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 42 year old male with a date of injury of 10/26/2009. According to the report dated 2/10/2014, the patient complained of left shoulder and low back pain with stiffness. The pain was aggravated with overhead activities. Significant objective findings include decreased range of motion in the shoulder; decreased grip strength on the left compared to the right, 5/5 motor strength except for the supraspinatus, which was 4+/5. Sensation was intact. X-rays of the thoracic-lumbar spine revealed that the patient is status post L5-S1 interbody fusion in excellent position. An x-ray of the left shoulder and humerus revealed spurring on the undersurface of the acromion. The patient was diagnosed with impingement syndrome of the left shoulder with adhesive capsulitis and disc herniation at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the left shoulder and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines states that acupuncture may be extended if there is documentation of functional improvement. The provider stated that the

patient had acupuncture in the past, which has helped him in the past. There was no documentation of functional improvement from prior acupuncture to warrant additional acupuncture sessions. Therefore, the provider's request for acupuncture twice a week for six weeks is not medically necessary at this time.