

Case Number:	CM14-0035042		
Date Assigned:	06/23/2014	Date of Injury:	11/15/2013
Decision Date:	08/05/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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, 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 71-year-old female with a date of injury of 11/15/2013. According to the progress report dated 2/13/2014, the patient complained of right shoulder and left arm pain. The right shoulder pain was moderate in severity and was aggravated by reaching overhead, behind and to the sides, carrying, lifting, pushing, and pulling. The pain was described as stabbing, sharp, popping, and clicking. The pain was rated at 8/10. The left arm pain was moderate in severity with associated numbness and tingling. The pain is worse at night. There was mild tenderness and mild spasm about the deltoid and trapezius muscles, decreased range of motion in the shoulder, positive impingement and supraspinatus test. The patient was diagnosed with right shoulder rotator cuff tendinitis/bursitis, left arm numbness & tingling rule out cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/NECK AND UPPER BACK PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the medical records, the current acupuncture treatment request would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The guideline indicates that acupuncture may be extended if there is documentation of functional improvement. The provider's request for acupuncture 2 times a week for 4 weeks exceeds the guidelines recommendation; therefore the request is not medically necessary. Additional acupuncture may be medically necessary with documentation of functional improvement from previous acupuncture care.