

Case Number:	CM14-0040593		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2013
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
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 04/19/2013. The patient's diagnosis is shoulder pain. On 02/04/2014, the patient was seen in primary treating physician followup. The patient was seen at that time for acupuncture treatment 11/12 approved visits. The patient reported that the prior acupuncture visit was well tolerated, and the patient had a moderate decrease in pain in the neck and upper back. The patient felt that her upper back and shoulders were less tight with acupuncture and was hoping to continue this acupuncture treatment without interruption. The treating physician recommended continuation of acupuncture with 12 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral shoulders, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, state that acupuncture may be extended if functional improvement is documented as defined in section 92.20. The medical records in this case do not meet this criterion to document functional improvement from past acupuncture. Rather, benefit

from past acupuncture is described in largely subjective terms. At this time the medical information is not sufficient to support an indication or benefit from continued acupuncture. This request is not medically necessary.