

Case Number:	CM14-0051085		
Date Assigned:	07/07/2014	Date of Injury:	09/18/2012
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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 licensed in Chiropractic & 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 claimant is a 41 year old male who sustained a work related injury on 9/12/2012. His diagnoses are sprain/strain of the shoulder, thoracic sprain, and thoracic/lumbosacral neuritis/radiculitis. Prior treatment includes TENS, oral medication, topical medication, physical therapy, and acupuncture. Six acupuncture visits were authorized on 4/9/2014. There is an initial evaluation from an acupuncturist on 4/16/2014. Per a PR-2 dated 6/18/14, the claimant is working and his condition is the same. There is decreased range of motion in the lumbar spine. Per a PR-2 dated 5/20/14, the claimant has been undergoing acupuncture treatment to the left shoulder and shoulder blade area. It has helped him in reduction of pain which helps him with his home exercise program. Per a PR-2 dated 5/2/14, the claimant's condition the same. The provider states that the acupuncture has been helping but still has tightness and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left shoulder and thoracic spine two times a week fro five weeks.: 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 guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had six sessions of acupuncture approved. Although the provider states that there is subjective improvement, the provider failed to document functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, ten visits exceeds the guidelines for an initial trial. The request is not medically necessary and appropriate.