

Case Number:	CM14-0060998		
Date Assigned:	07/09/2014	Date of Injury:	08/11/2011
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 & 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:

Claimant is a 61-year-old female who sustained a work related injury on 8/11/2011. Prior treatment includes acupuncture, shockwave therapy, psychotherapy, topical medications, physical therapy, and oral medication. The claimant was deemed maximally medically improved on 11/7/2013. Her diagnoses are cervical spine sprain/strain, multilevel annular tear with mild discopathy, bilateral shoulder sprain/strain, sleep disorder, and anxiety and depression. Per a review of records dated 3/12/2014, the claimant has been undergoing acupuncture treatment to both shoulders and the cervical area. The claimant continues to show positive response and still has a moderate amount of pain and restriction in the shoulders. Per a PR-2 dated 4/9/14, the claimant has non-changing pain in the neck and worsening pain in the bilateral shoulders. The request is for continued acupuncture and a shoulder rehab kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral shoulders and cervical spine two times a week for six 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 prior acupuncture and the provider states that there is positive improvement. However, the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore, further acupuncture is not medically necessary.

Shoulder Rehab Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: According the evidenced based guidelines, exercise is recommended. However, no particular exercise regimen is recommended over other forms. There is no documentation of what the shoulder rehab kit includes or that the claimant will have future instruction on how to use the kit to strengthen her shoulder. There is no documentation on prior use, benefit, or instruction on how to use the shoulder kit. There is also no evidence that a shoulder rehab kid is necessary for the claimant to strengthen her shoulder at home. Therefore, a shoulder rehab kit is not medically necessary.