

Case Number:	CM14-0061911		
Date Assigned:	07/11/2014	Date of Injury:	02/25/2014
Decision Date:	08/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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:

Claimant is a 39 year old female who sustained a work related injury on 2/25/2014. Four acupuncture visits were certified on 4/23/2014 and claimant has attended at least two visits on 4/23/14 and 4/29/14. An Acupuncture note dated 4/29/14, the claimant has the worst pain with extension and there is "illegible" improvement after treatment. Prior treatment includes extensive chiropractic treatment, physical therapy, laser therapy, heat/cold therapy, and oral medications. Per a PR-2 dated 5/13/14, the claimant has moderate, constant, dull pain in the right shoulder. She is on modified work with no overhead work and limited to three clients a day. She has tenderness, reduced range of motion, weakness in the right shoulder. She also has decreased vertical range of motion. Her diagnoses are right shoulder sprain and neck strain. Notes indicate that claimant's adjuster is finding and outside acupuncturist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines; ODG Shoulder (Acute & Chronic).

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 at least two acupuncture visits and a trial of four visits certified. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. The last report submitted notes that the claimant's adjuster is looking for an outside acupuncturist implying that the claimant is trying to switch to an outside acupuncturist. Without any documentation of functional improvement, further acupuncture is not medically necessary.