

Case Number:	CM14-0062985		
Date Assigned:	06/20/2014	Date of Injury:	02/29/2012
Decision Date:	07/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/18/2014

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 and 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 42 year old female who sustained a work related injury on 2/29/2012. Prior treatment includes acupuncture, home exercises, and interferential unity, physical therapy, chiropractic, injections, and oral medication. Per a Pr-2 dated 3/24/2014, the claimant has increased right shoulder pain. Pain includes front and side of right shoulder. She has stiffness of the right shoulder. Her diagnoses are polyarthritis or polyarthropathy and osteoarthritis. Per a Pr-2 dated 2/25/014, she has been referred to an orthopedic surgeon for right rotator cuff surgery. According to a prior UR review, she was receiving acupuncture through 2/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of acupuncture for the right shoulder and neck: 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 acupuncture in the past of unknown quantity; however the provider failed to document any functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.