

Case Number:	CM14-0068765		
Date Assigned:	07/14/2014	Date of Injury:	04/30/2009
Decision Date:	08/29/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 licensed in Chiropractic, has a subspecialty in 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 patient is a 55-year-old female with a date of injury of 4/30/2009. According to the progress report dated 4/07/2014, the patient complained of left shoulder pain and was responsive overall to her independent rehabilitative program. The patient's range of motion in the left shoulder consist of 90 degrees in flexion, 40 degrees in extension, 75 degrees in external rotation, 30 degrees in internal rotation, and 45 degrees in abduction. The patient was diagnosed with chronic left shoulder strain and left shoulder arthralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Acupuncture therapy for the left shoulder.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f). Records indicate that the patient had prior acupuncture care and noted that it help moderate her discomfort. However, there was no documentation of functional improvement

gained from the provided acupuncture sessions. Therefore, the provider's request for additional acupuncture sessions once a week for 6 weeks is not medically necessary at this time.