

Case Number:	CM14-0073538		
Date Assigned:	07/16/2014	Date of Injury:	01/17/2012
Decision Date:	08/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/20/2014

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 Chiropractics 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:

The claimant is a 52-year-old female who sustained a work related injury on 1/17/2012. Prior treatment includes right shoulder surgery, cortisone injection, oral medication, chiropractic, and activity restriction. Her diagnoses are cervical disc disease/cervical stenosis, right shoulder arthropathy, postoperative right shoulder decompression, recurrent tear of infraspinatus, and left shoulder pain. She is not working. Per a PR-2 dated 5/6/2014, the claimant has neck pain and stiffness. She complains of increased pain, depressed mood and frequent crying and anxiety. The claimant had six visits of acupuncture approved on 3/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 6 visits for the neck and right shoulder: 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 an initial trial of acupuncture approved in March 2014. However, the provider has failed to document functional improvement associated with the completion of her acupuncture visits. Therefore, further acupuncture is not medically necessary.