

Case Number:	CM14-0080040		
Date Assigned:	07/18/2014	Date of Injury:	06/15/2013
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 a Licensed Chiropractor & Acupuncturist 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 45-year-old female who sustained a work related injury on 6/15/2013. Per a reprot on 5/20/2014, the claimant has right shoulder pain, weakness, decreased range of motion, with activities such as lifting and reaching above the head. She has bilateral hip weakness and occasional pain with activities. There is tenderness on palpation, and positive Neers, Apleys, hawking, and Fabers test. He is on modified work on 5/20/2014. Prior treatment is not noted. Diagnosis include shoulder sprain and iliofemoral strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for six weeks for the right arm and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Lymph Drainage Therapy; Massage Therapy Page(s): 58; 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Wrist & hand Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an initial trial of acupuncture consists of three to six visits. A request for twelve visits exceeds the recommended number and

therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. In this case, there is no documented functional improvement as a result of any possible prior treatment, therefore, the request for acupuncture twice a week for six weeks for the right arm and right hip is not medically necessary and appropriate.