

Case Number:	CM14-0082765		
Date Assigned:	07/21/2014	Date of Injury:	07/24/2013
Decision Date:	09/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/04/2014

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 Board Certified 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:

This case involves a 35 year old male who sustained an injury on 07/24/2013. According to the report dated 5/15/14, the injured worker complained of left shoulder pain and posterior knee pain. The shoulder pain was rated at 6/10 with working out at the gym. The left knee pain was rated at 4/10 with running approximately 3 miles and standing for prolong period of time. The patient stated that the pain decrease to 0/10 with Motrin, ice, and rest. Significant objective findings include normal strength and sensation in the upper and lower extremities, tenderness over the left acromioclavicular joint area and negative Kennedy-Hawkin's test bilaterally. The patient is diagnosed with left shoulder AC joint arthritis/spasm and left knee sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions with cupping to left shoulder and knee QTY: 12: 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. Records indicate that the patient completed a trial of 6 acupuncture sessions with no documentation of functional

improvement. Therefore, the provider's request for 12 acupuncture sessions is not medically necessary.