

Case Number:	CM14-0086611		
Date Assigned:	07/23/2014	Date of Injury:	04/29/2011
Decision Date:	08/27/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 51-year-old male with a date of injury of 4/28/2011. According to the progress report dated 2/25/2014, the patient complained of left shoulder pain, left wrist pain, and low back pain. The patient reported increased left wrist complaints due to repetitive hand movements. Significant objective findings include tenderness over the paralumbar muscles bilaterally; decreased lumbar range of motion in all direction, +3 tenderness over the left shoulder rotator cuff and acromioclavicular joint, and decrease left shoulder range of motion. Infraspinatus and supraspinatus test were positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Sessions (Bilateral Shoulders/Wrists/Knee Cervical): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the medical records, the patient is a candidate for an initial acupuncture trial for which the guideline recommends 3-6 visits. The guideline states that acupuncture may be extended if there is documentation of functional improvement. There was no evidence that the patient had prior acupuncture care for her chronic pain; however, the

provider has requested acupuncture 2 times a week for 6 weeks, which exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request for 12 acupuncture session is not medically necessary.