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| Case Number: | CM14-0089742 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 03/14/2013 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 a licensed Doctor of 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 42-year-old female with a date of injury of 3/14/2013. According to the progress report dated 6/04/2014, the patient reported neck and low back pain. Doing functional activities aggravates her symptoms. Significant objective findings include intact sensation, +2 deep tendon reflexes of the upper extremities, normal gait, cervical paraspinal muscle tenderness, negative Spurling's and Lhermitte's sign, and normal range of motion in the cervical spine. Hawkin's, Neer's, and O'brien's test was positive on the right. The patient was diagnosed with glenoid labrum tear, adhesive capsulitis of the shoulder, fibromyositis, spinal stenosis in the cervical region, and spinal stenosis of the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two Times A Week For Three Weeks Right Shoulder, Cervical and Lumbar:
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. According to the submitted

documents, the patient has completed a trial of acupuncture. The provider noted that the patient had significant benefit from acupuncture but the effects were not long lasting. The patient reported that acupuncture relaxes her tense shoulder, neck, and back muscles. In addition, it allowed her to take less medication and do certain activities of daily living. There was no objective documentation of functional improvement from the authorized 3 visits. The provider stated that the patient was taking less medication however according to the progress report dated 5/06/2014, 6/04/2014, and 7/16/2014 her prescribed medication remained the same. Based on the lack of documentation of objective functional improvement, the provider's request for additional 2 acupuncture sessions a week for 3 weeks is not medically necessary.