

Case Number:	CM14-0094758		
Date Assigned:	07/25/2014	Date of Injury:	07/12/2013
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/23/2014

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 52-year-old male who sustained a work related injury on 7/21/2013. Prior treatment includes left shoulder arthroscopy, physical therapy, oral medication, EWST, TENS, topical medication, and acupuncture. Per a PR-2 dated 5/9/2014, the claimant has left shoulder pain, stiffness, and weakness associated with overhead reaching. The claimant states that acupuncture and physical therapy help decrease the pain temporarily. His diagnoses are left shoulder bursitis, shoulder impingement syndrome, shoulder sprain/strain, and shoulder tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability 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 eight sessions of acupuncture with temporary pain relief. However the provider failed to document any functional improvement associated with the completion of his acupuncture visits. Therefore, the request for eight additional acupuncture sessions is not medically necessary and appropriate.