

Case Number:	CM14-0096510		
Date Assigned:	09/15/2014	Date of Injury:	10/26/2012
Decision Date:	10/20/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational Medicine, 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 60-year-old female that sustained an industrial injury on 10/26/12. The mechanism of her injuries is known. Her diagnosis is: lumbar sprain/strain, lumbar DDD, lumbar radiculopathy, status post left shoulder sub acromial decompression with rotator cuff repair. Medications and acupuncture are reported to improve pain level, function, range of motion and an overall sense of comfort. The documentation indicates that he patient received acupuncture in the past; however, the dates of service or the number of treatments are not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk X 3wks for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The documentation shows the patient received acupuncture in the past; however, there are no details regarding, number of treatments, and the patient's response to treatment or functional outcome. As per the MTUS Acupuncture Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct

to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The MTUS Acupuncture Guidelines states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. Therefore, the request for acupuncture treatments 6 sessions for the left shoulder would not be medically necessary.