

Case Number:	CM14-0109350		
Date Assigned:	08/01/2014	Date of Injury:	04/30/2008
Decision Date:	01/23/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family Practice 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 is a 56 year old female patient who sustained an injury on 10/24/2012. She sustained the injury while moving office equipment throughout the day. The diagnoses include right rotator cuff syndrome, lumbar and cervical disc syndrome, pain in left knee and pain in right shoulder, stress/anxiety and insomnia. Per the Functional Capacity Evaluation (FCE) report dated 5/13/14, she had complaints of neck, low back, bilateral shoulder and bilateral knee pain. The physical examination revealed decreased range of motion of the neck, low back, bilateral shoulder and bilateral knee. The medications list was not specified in the records provided. She has had Electromyography (EMG) and Nerve Conduction Studies (NCS) dated 3/7/14 which revealed bilateral chronic active L5-S1 radiculopathy. She had undergone left knee surgery in 1988 and right wrist surgery in 2000. She has had chiropractic therapy visits and extracorporeal shockwave therapy for this injury. She has had a urine drug screen on 6/3/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the right shoulder, 2 times a week for 3 weeks, QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture medical treatment guidelines cited below state that "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 hasten functional recovery." The California MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." The medical records provided do not specify any intolerance to pain medications. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of acupuncture treatment for the right shoulder, 2 times a week for 3 weeks, quantity 6 is not fully established for this patient. Therefore, this request is not medically necessary.