

Case Number:	CM14-0013665		
Date Assigned:	03/26/2014	Date of Injury:	09/03/2011
Decision Date:	04/22/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	02/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 injured worker is a 43-year-old female, who sustained an industrial injury on September 3, 2011. She reported left arm pain after pulling/pushing a cart. The injured worker was diagnosed as having left shoulder pain, rotator cuff syndrome, neck pain, low back pain, and chronic pain syndrome. Treatment to date has included functional restoration program, medications. Magnetic resonance imaging and chiropractic care. She had a magnetic resonance imaging of the cervical spine on November 21, 2012, which revealed disc protrusion, and magnetic resonance imaging of the left shoulder on the same date, which showed no full thickness tear and supraspinatus tendinopathy. On November 18, 2013, she had increasing neck and left shoulder pain. The request is for acupuncture for the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (once a week for eight weeks for the cervical spine and left shoulder): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.