

Case Number:	CM14-0199311		
Date Assigned:	12/09/2014	Date of Injury:	02/13/2012
Decision Date:	03/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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 63 year old female, who sustained an industrial injury on 2/13/12. The injured worker has complaints of right knee, right shoulder and right hand pain and left thumb pain. The documentation noted that the pain has caused the injured worker emotional stress, sleep problems and increased anxiety/depression problems. The diagnoses have included internal derangement right shoulder. According to the utilization review performed on 11/17/14, the requested acupuncture 2x6 for the right shoulder has been non-certified. CA Acupuncture MTUS were used in the utilization review. There was no prior progress reports submitted which outlines baseline measurements to attest for positive functional improvements, without evidence of measurable objective gains, medical necessity is not evident. Per a PR-2 dated 7/10/2014, the claimant has left knee pain, right shoulder pain, right hand pain, right knee pain, and left thumb pain. Prior treatment has included medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits of prior acupuncture should be submitted. Therefore, twelve visits of acupuncture are not medically necessary.