

Case Number:	CM15-0006729		
Date Assigned:	01/21/2015	Date of Injury:	08/01/2013
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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 51-year-old female, with a reported date of injury of 08/01/2013. The diagnoses include cervical myofascial pain and left upper back strain involving the left scapula. Treatments have included topical pain medication, oral pain medication, and physical therapy. The initial orthopedic evaluation dated 10/08/2014 indicates that the injured worker had limitation with pushing, pulling, and lifting. The examination of the left shoulder showed no obvious gross deformities, no tenderness in the subacromial space, rotator cuff, or labrum, pain in the levator scapula/rhomboid region, normal range of motion, negative impingement test, and negative cross arm adduction test. The treating physician recommended acupuncture. The rationale for the request was not indicated. On 12/11/2014, Utilization Review (UR) denied the request for acupuncture two times a week for two weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x wk x 4 wks for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the submitted documents, it appears that the patient has not received acupuncture session in the past. The Acupuncture Medical Treatment Guidelines recommends a trial of 3-6 visits with a frequency of 1-3 times per week. It states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient was authorized 4 out of the 8 requested sessions. There was no documented outcome of the 4 authorized sessions. In addition, the provider's request for 8 acupuncture session to the left shoulder exceeds the guidelines recommendation. Therefore, the provider's request is not medically necessary at this time.