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| Case Number: | CM15-0007241 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 06/27/2011 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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 patient is a 30 year old male with a date of injury of 7/25/2011. According to the progress report dated 12/18/2014, the patient complained of left shoulder pain with some weakness and tenderness with range of motion and difficulty sleeping. The patient was doing acupuncture for the bilateral shoulder, neck, and back pain. Significant objective findings include adequate bilateral range of motion with tenderness at end range. Hawkins test was negative on the right and positive on the left. The patient was diagnosed with bilateral shoulder rotator cuff syndrome and calcified tendinitis in the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture sessions 2x6 (cervical/ lumbar/ bilateral elbows/ wrists): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. According to the narrative

report dated 12/26/2014, the acupuncture provider noted that the patient completed 8 acupuncture sessions. The provider noted that acupuncture enabled the patient to perform daily activities with less difficulty and there was improvement in the upper extremity functional scale. In addition, the provider noted that the patient reported being able to reduce the amount of pain medication while receiving acupuncture. There was reported improvement in sleep patterns. There was improvement in the patient's ability to participate in an independent home exercise program. Based on the documentation of functional improvement, the provider's request for additional acupuncture twice a week for 6 weeks is medically necessary at this time.