

Case Number:	CM15-0101013		
Date Assigned:	06/03/2015	Date of Injury:	01/06/2012
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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 45-year-old female, who sustained an industrial injury on 1/6/12. The injured worker has complaints of neck and left shoulder pain. The documentation noted on examination of the left shoulder reveals significant tenderness to palpation over the rotator cuff muscles with muscle tension extending into the left upper trapezius muscles and left scalene muscles. The diagnoses have included pain in joint shoulder; cervical spondylosis without myelopathy and cervical disc displacement without myelopathy. Treatment to date has included acupuncture; hip injections; magnetic resonance imaging (MRI) of the cervical spine dated 8/21/13 showed disc osteophyte complex at C4-C5 without any central stenosis or neural foraminal stenosis; magnetic resonance imaging (MRI) of the right shoulder dated 5/22/12 showed prominent focal thickening and increase intrasubstance signal in the distal infraspinatus segment of the rotator cuff consistent with focal tendinopathy or contusion and mild distal supraspinatus tendinopathy; magnetic resonance imaging (MRI) of the left shoulder dated 5/22/12 showed mild distal supraspinatus rotator cuff tendinopathy; norco and anti-inflammatory cream. The request was for acupuncture for the cervical spine, once a week for six weeks. Per a Pr-2 dated 4/17/2015, the claimant has chronic neck pain and left shoulder pain. She did start acupuncture and had about 40% reduction of pain. The following day she was able to perform more activities of daily living such as cleaning and cooking. Per a PR-2 dated 5/15/2015, the claimant has six more authorized sessions and will be scheduling them soon. Six visits of acupuncture were approved on 5/14/2015. The denial of six visits was received on 4/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, once a week for six weeks: 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 with improvement. However, she recently had an additional six acupuncture sessions approved. However, the provider fails to document objective functional improvement associated with the completion of the recently certified acupuncture visits. Therefore, six further visits are not medically necessary.