

Case Number:	CM15-0103637		
Date Assigned:	06/08/2015	Date of Injury:	03/23/2009
Decision Date:	07/07/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	05/29/2015

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:

This 63 year old female sustained an industrial injury on 3/23/09. She subsequently reported bilateral shoulder, arm and hand pain. Diagnoses include bilateral rotator cuff rupture, cervicobrachial syndrome and bilateral adhesive capsulitis. Treatments to date include nerve conduction, x-ray and MRI testing, shoulder surgeries, TENS treatment, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience bilateral shoulder pain with pain radiating into the neck upper extremities and back. Upon examination, trigger points were palpated in the splenius capitis, upper and lower trapezius region and sternocleidomastoid area. Active range of motion was limited by muscle spasms bilaterally. Shoulder impingement, Hawkin's and apprehension testing was positive bilaterally, Speed test was positive on the right. A request for Acupuncture visits Qty: 8 was made by the treating physician. The claimant had six additional acupuncture visits in February and March of 2015. The claimant reports subjective benefit of reduced pain and increased ability to do activities of daily living. Acupuncture notes from 2014 show similar results. Per a PR-2 dated 4/30/2015, the claimant has increased shoulder pain. She tries to avoid taking medications as much as possible. In the past acupuncture has been helpful and effective for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits Qty: 8: 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 subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also acupuncture only seems to have temporary benefits and no sustained improvement. Therefore, further acupuncture is not medically necessary.