

Case Number:	CM15-0104984		
Date Assigned:	06/09/2015	Date of Injury:	11/21/2013
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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 42 year old female patient who sustained an industrial injury on 11/21/2013. A recent primary treating office visit dated 05/13/2015 reported the patient with subjective complaint of having some improvement in symptom since the last visit. She reported the left shoulder feeling better with acupuncture treatment. The impression noted the patient with left shoulder derangement, improving. She will remain permanent and stationary and complete approved acupuncture sessions. The diagnostic impression noted for visit 03/25/2015 showed: left scapular sprain. Previous treatment modality included: work modification, medications, acupuncture and physical therapy session. Acupuncture was recommended back 02/2015. A primary treating office visit back on 10/09/2014 reported subjective complaints of left sided thoracic spine pain that feels less in intensity and able to move easier with gym exercises. She is not working, as there is no modified work available. The treating diagnoses were thoracic sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Additional Acupuncture for The Left Shoulder for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had 18 acupuncture treatments. Provider requested additional acupuncture sessions which were non-certified by the utilization review. Medical records do not document ongoing functional deficits which would necessitate additional acupuncture sessions. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional acupuncture treatments are not medically necessary.