

Case Number:	CM15-0109208		
Date Assigned:	06/15/2015	Date of Injury:	02/20/2010
Decision Date:	07/20/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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, who sustained an industrial injury on 02/20/2010. She reported right knee pain and back pain with previous injuries to her right shoulder and right elbow. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having musculoligamentous strain of the cervical spine, degenerative disc disease of the cervical spine at C5-6, low back pain, 4mm protruded disc at L5-S1, impingement syndrome of the right shoulder, status post right knee arthroscopy surgery x 2 with residuals, internal derangement of the left knee, anxiety, depression, and sleep disorder. Treatment and diagnostics to date has included cervical spine x-rays showed anterior osteophytosis, right shoulder x-rays showed hypertrophic changes of the acromioclavicular joint, knee surgeries, knee injections, physical therapy, acupuncture, and medications. In a progress note dated 04/17/2015, the injured worker presented with complaints of pain and stiffness in her neck, right shoulder pain, constant low back pain, and bilateral knee pain. Objective findings include right shoulder tenderness with positive impingement sign, Hawkins' test, and cross-body adduction test. The treating physician reported requesting authorization for acupuncture for the right shoulder. Per a PR-2 dated 4/17/2015, the claimant has received acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture 2 x 6 weeks for the Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, 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 mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.