

Case Number:	CM15-0133042		
Date Assigned:	07/21/2015	Date of Injury:	03/13/2006
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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 72 year old female, who sustained an industrial injury on March 13, 2006. The injured worker was diagnosed as having right shoulder adhesive capsulitis with biceps tendonitis, status post right shoulder surgery, left shoulder partial thickness rotator cuff tear, impingement syndrome and arthritis. Treatment to date has included surgery and medication. A progress note dated May 13, 2015 provides the injured worker complains of neck and shoulder pain. Physical exam notes cervical tenderness and painful range of motion (ROM). There is a healing right shoulder scar with decreased range of motion (ROM) and tenderness. There is scapulothoracic dyskinesia and positive Neer and Hawkin's tests of the left shoulder. A progress report dated June 17, 2015 provides the injured worker is status post right knee surgery. The request is for acupuncture and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, quantity: 6 sessions: 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 with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.