

Case Number:	CM15-0134369		
Date Assigned:	07/22/2015	Date of Injury:	01/24/2014
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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 28 year old male, who sustained an industrial injury on January 24, 2014. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, acupuncture, massage, heat therapy, physical therapy and electrodiagnostic study. Currently, the injured worker complains of left shoulder pain (rated 6 on 10) and weakness and left hand pain (rated 2 on 10) with weakness and slight numbness in all fingers. The pain is improved with rest and Ibuprofen (decreased from 6 to a 3 on 10). The pain is exacerbated with activities and change in weather. The injured worker is diagnosed with acute cervical strain, electrocution to the left upper extremity and left upper extremity paresthesia and radiculopathy. His work status is return with modifications. A note dated June 11, 2015 states the injured worker experienced therapeutic efficacy from acupuncture. A note dated May 14, 2015 states the injured worker experienced improved range of motion and function from physical therapy. Due to the previous efficacy experienced, acupuncture for the left shoulder 8 sessions (2x4) is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left shoulder 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 5/4/15) Acupuncture.

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 reported benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.