

Case Number:	CM15-0135723		
Date Assigned:	07/23/2015	Date of Injury:	04/04/2014
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 48 year old woman sustained an industrial injury on 4/4/2014 due to a slip and fall. Evaluations include right shoulder MR dated 7/16/2014. Diagnoses include shoulder strain, shoulder pain, knee strain, contracture of pectoralis major, and knee pain. Treatment has included oral medications. Physician notes dated 6/18/2015 show complaints of right shoulder and knee pain as well as difficulty sleeping due to pain and a decline in mood. Recommendations include acupuncture, physical therapy, psychologist consultation, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture treatments for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In his report dated 06-18-15 the provider requested acupuncture x 6 for the right shoulder. Although the same report did not indicated any functional deficits related to the right knee to be addressed, the request for authorization (RFA, undated) was for acupuncture x 6

for the right knee. In addition, the right shoulder complaints as described by the provider were not significant enough that could not be addressed by an independent exercise program and require the skilled intervention from an acupuncturist. Based on the previously mentioned, the request for acupuncture is not medically appropriate or medical necessity.