

Case Number:	CM15-0138482		
Date Assigned:	07/28/2015	Date of Injury:	06/01/2014
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/16/2015

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 (IW) is a 42-year-old male who sustained an industrial injury 06/01/2014. Diagnoses/impressions include cervical radiculopathy, left shoulder impingement and right knee pain. Treatment to date has included medications, acupuncture, left shoulder surgery, chiropractic and physical therapy. An MRI of the left shoulder dated 7/16/14 showed osteoarthritis of the AC (acromioclavicular) joint and supraspinatus and infraspinatus tendinosis. According to the Orthopedic Consultation dated 3/3/15, the IW reported pain in the neck, upper back and left upper extremity associated with numbness, tingling and weakness. He reported the pain in the left arm is worse than the neck pain. His pain was rated 8-9/10. He complained of night pain, stiffness, swelling, grinding and giving way sensation in the left upper extremity. On examination, no instability was noted in the bilateral shoulders and no atrophy was present in the upper arms or forearms. Tenderness was present over the AC joint and over the anterior and mid-portion of the left rotator cuff. Range of motion was decreased. Progress notes dated 4/16/15 noted the IW had recurrent swelling of the right knee. No physical exam of the right knee was documented for that date, but acupuncture was recommended. A request was made for acupuncture therapy three times a week for six weeks for the left shoulder and the right knee per 04/16/15 order. The claimant had six sessions of acupuncture between 4/27 - 5/13/15. Upper extremity functional scale dropped from 48 to 31. Pain intensity is less and there is improved range of motion, strength, endurance, and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 3 time a week for the left shoulder and right knee: 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 extensive acupuncture of unknown quantity and duration and had subjective benefits. Although the acupuncturist has reported improvement, the upper extremity functional scale has decreased. Therefore, the provider fails to document objective functional improvement and rather a functional decrease associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.