

Case Number:	CM15-0165774		
Date Assigned:	09/03/2015	Date of Injury:	05/20/2015
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This is a 44-year-old female who sustained an industrial injury on 05/20/2015. Diagnoses include bilateral shoulder and trapezial myofasciitis. Treatment to date has included chiropractic treatment and physical therapy. According to the progress notes dated 8-3-2015, the IW (injured worker) reported frequent right knee pain and left shoulder pain, worse when working above shoulder level, and localized neck and low back pain and stiffness. On examination, bilateral shoulder flexion was 175 degrees, abduction was 175 degrees, adduction was 50 degrees, internal rotation was 60 degrees and external rotation was 90 degrees; extension was 30 degrees, left, and 35 degrees, right. A request was made for acupuncture with adjunct procedures and modalities for six visits for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with adjunct procedures/modalities x 6 visits, bilateral shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary.