

Case Number:	CM15-0183220		
Date Assigned:	09/24/2015	Date of Injury:	05/08/2013
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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 53 year old male, who sustained an industrial injury on 5-08-2013. The injured worker was being treated for adhesive capsulitis of the right shoulder and partial tear of the subscapularis. Treatment to date has included diagnostics, cortisone injections, physical therapy, home exercise, unspecified acupuncture, and medications. Currently (8-20-2015), the injured worker reports "unchanged symptoms" and rates his shoulder pain at 2-3 out of 10. He was currently retired. The treating physician documented that "pertinent review of symptoms is normal". Exam noted swelling as none and sensation as normal. Motor strength was 5 of 5 and neurovascular status was intact. Range of motion was "dec" and weakness of the rotator cuff was noted. He had not started therapy yet, as it was documented as pending. Current medication regimen was not documented. The pain medicine progress report (8-17-2015) noted medication use with Cyclobenzaprine, Medrox, Naproxen, Omeprazole, Ondansetron, Sumatriptan, and Tramadol ER. The progress report dated 8-10-2015 noted that the injured worker indicated that acupuncture "has helped his symptomatology significantly and reduces the need for taking his pain medication". Acupuncture treatments were referenced in the progress report dated 4-06-2015, noting that his pain levels were improving with acupuncture. On 4-06-2015, his right shoulder pain was documented as "worsening" and rated 8 out of 10, cervical pain with radiation to the upper extremities was "improving" and rated 5 out of 10, low back pain with radiation to the lower extremities was rated 5 out of 10 and "improving", right wrist pain was "unchanged" and rated 4 out of 10, left knee pain was "unchanged" and rated 4 out of 10, and left ankle pain was "unchanged" and rated 4 out of 10. Per the request for authorization dated 8-26-2015, the

treatment plan included acupuncture for the cervical spine and lumbar spine, non-certified by Utilization Review on 9-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture two times a week for four weeks to the cervical and lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 benefits. Despite reports of reduction of pain and medications, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.