

Case Number:	CM15-0184442		
Date Assigned:	09/24/2015	Date of Injury:	02/19/2013
Decision Date:	11/06/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/18/2015

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 48-year-old female who sustained an industrial injury on 2-19-2013. Diagnoses have included right shoulder impingement, cervical degenerative joint disease and chronic thoracic and low back pain. A cervical MRI performed 8-26-2015 stated impressions relating to disc desiccation, stenosis and foraminal narrowing. The physician states the shoulder pain needs to be addressed before pursuing aggressive treatment for the neck. Documented treatment includes independent pool exercise, medication which use she states she tries to "minimize," and 6 sessions of acupuncture which were requested in May, 2015 which is stated to have been completed in the 8-20-2015 report resulting in the injured worker reporting "significant relief and relaxation and providing respite from pain." The 7-20-2015 note states acupuncture was giving her "a couple of days relief." The injured worker continues to report "stabbing-like" right shoulder pain causing difficulty doing housework, and difficulty "getting around including getting to the bathroom". The treating physician's plan of care includes 6 additional acupuncture treatments but this was denied on 9-18-2015. The injured worker's employer has been unable to meet her work restriction requirements so she has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture sessions (right shoulder) 1x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of stabbing like pain in the right shoulder. The patient has difficulty doing housework and getting to the bathroom due to the pain. The patient received acupuncture treatments in the past. The patient reported significant relief and relaxation from prior acupuncture care. The guideline states that acupuncture may be extended if there is documentation of functional improvement. However, there was no documentation regarding functional improvement from prior acupuncture session. Therefore, the provider's request 6 acupuncture sessions is not medically necessary at this time.