

Case Number:	CM15-0187400		
Date Assigned:	09/29/2015	Date of Injury:	07/21/2003
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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, Montana

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 59 year old female who sustained an industrial injury on 7-21-03. The injured worker reported pain in the neck and shoulders. A review of the medical records indicates that the injured worker is undergoing treatments for bursitis shoulder and cervical sprain - strain. Medical records dated 8-27-15 indicate pain rated at 4 to 9 out of 10. Provider documentation dated 8-18-15 noted the work status as permanent and stationary. Treatment has included Cymbalta, Zanaflex, Xanax, Ibuprofen, at least 24 sessions of acupuncture treatment, and wrist braces. Objective findings dated 8-27-15 were notable for decreased shoulder range of motion. The treating physician indicates that the urine drug testing result (9-14-15) showed no aberration. The original utilization review (9-14-15) partially approved a request for 24 Acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 24 acupuncture sessions which were modified to 4 by the utilization review. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines. Additional visits may be authorized if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 24 acupuncture treatments are not medically necessary.