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| Case Number: | CM15-0190842 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 05/16/2014 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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, male who sustained a work related injury on 5-16-14. A review of the medical records shows he is being treated for right shoulder pain. Treatments have included physical therapy before and after surgery, current acupuncture ("showed some improvement", number of sessions not noted), right shoulder surgery and home exercises. Current medications include in the progress notes, the injured worker reports weakness of the right arm. Motion is "slowing improving". On physical exam dated 7-28-15, right shoulder range of motion is decreased. He is not working. The treatment plan includes a request for a strengthening program and for more acupuncture. The prescription dated 7-28-15 has an order for acupuncture 1 x 6. In the Utilization Review dated 9-9-15, the requested treatment of acupuncture of 1 x 6 to right shoulder has been modified to acupuncture x 3 to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were modified to 3 by the utilization review. Patient reported "some improvement." However, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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, additional 6 acupuncture treatments are not medically necessary.