

Case Number:	CM15-0193708		
Date Assigned:	10/07/2015	Date of Injury:	07/27/2014
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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 42-year-old female with a date of injury on 7-27-14. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulder pain. Progress report dated 7-27-15 reports continued complaints of left shoulder pain. Objective findings: left shoulder; tenderness over the supraspinatus and deltoid complex, codman drop arm test positive, muscle testing 4 out of 5 and range of motion is restricted due to pain. Treatments include: medication, physical therapy (12 sessions) and acupuncture. Per a report dated 9/16/15, the claimant is improved with six sessions of acupuncture. When she first visited, she could not lift her shoulder, but after sixth visit, she can lift her shoulder. Request for authorization dated 8-24-15 was made for acupuncture 2 times per week for 4 weeks for left shoulder. Utilization review dated 9-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks, left shoulder: 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 trial with subjective improvement. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.