

Case Number:	CM15-0026615		
Date Assigned:	02/19/2015	Date of Injury:	06/01/2013
Decision Date:	03/30/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/12/2015

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 41 year old female, who sustained an industrial injury on 6/1/13. On 2/12/15, the injured worker submitted an application for IMR for review of Acupuncture initial 15 minutes for the left shoulder QTY: 6.00. The treating provider has reported the injured worker complained of left ankle pain. The diagnoses have included pain in shoulder, ankle/foot joints status post twist injury left ankle/foot, arthrofibrosis/synovitis/lateral impingement lesion left ankle, edema left leg due to altered gait, status post surgical repair ankle. Treatment to date has included Cam walker boot, Richie hinge brace foot/ankle orthosis (AFO), medications, physical therapy, status post left ankle surgery (7/14/14), MRI left shoulder (9/5/13), x-ray left shoulder (1/3/15), MRI left foot (1/19/15). On 2/17/15, six acupuncture sessions were approved based on reduction of pain with improved range of motion, improved use of the upper extremity with activities of daily living and reduced medication. Per a PR-2 dated 11/18/10214, the claimant previously had six recent acupuncture sessions with benefit and six sessions with benefit in april/may. She had reduction of pain by 80% and lasted 3-4 months along with increased motion in the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture initial 15 minutes for the left shoulder QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 six acupuncture sessions authorized. She had at least 12 sessions in 2014 which provided her benefit.. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture visits. Therefore six further visits are not medically necessary.