

Case Number:	CM15-0032943		
Date Assigned:	02/26/2015	Date of Injury:	05/11/2007
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 40 year old male who sustained an industrial injury on 5/11/07. Currently he complains of left shoulder pain (8/10); right shoulder pain (6/10); cervical pain with intermittent upper extremity symptoms (6/10). Medications include hydrocodone, cyclobenzaprine, naproxen, pantoprazole. Medications offer significant decrease in pain and maintenance of activities of daily living. Diagnoses include protrusion C5-6 with neural encroachment; cervical spondylosis; left shoulder acromioclavicular osteoarthropathy with impingement; right shoulder pain. Treatments to date include medications, activity modification, physical therapy, transcutaneous electrical nerve stimulator unit, home exercises, heat, cold, stretching, and chiropractic treatments. Diagnostics include electromyography/ nerve conduction studies bilateral upper extremities; MRI left shoulder. In the progress note dated 1/7/15 the treating provider continues to request acupuncture for bilateral shoulders and cervical spine 2X6 due to continuing symptoms. On 2/3/15 Utilization review non-certified the requests for outpatient acupuncture for bilateral shoulder, 2X6 citing MTUS: Acupuncture Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture for the bilateral shoulders (2 times a week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered 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, 2x6 acupuncture treatments are not medically necessary.