

Case Number:	CM15-0036329		
Date Assigned:	03/04/2015	Date of Injury:	05/04/2013
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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 56 year old male, who sustained an industrial injury on 05/04/2013. He has reported subsequent shoulder pain and was diagnosed with chronic obstructive bi-syndrome of the shoulder. Treatment to date has included oral pain medication, physical therapy, acupuncture, application of heat and surgery. In a progress note dated 01/29/2015, the injured worker complained of pain in the head, jaw, upper back, right shoulder and neck. Objective examination findings were notable for pain, tenderness and swelling with reduced cervical range of motion. Cervical spine flexion is 40/60. 8 additional sessions of acupuncture were requested. Per a PR-2 dated 2/6/15, the claimant has painful head, jaw, upper back, right shoulder and neck with numbness to right hand are slightly better. Examination finds that cervical spine flexion is 40/60. His diagnoses are sprain/strain of the cervical spine and thoracic spine, concussion/head trauma, strain/sprain of jaw, muscle spasm, paresthesia, and brachial neuritis. An acupuncture note was submitted on 2/5/2015 and 10/15/2014. Per a PR-2 dated 3/10/2015, the claimant has painful head, jaw, upper back, right shoulder and neck with numbness to the right hand are slightly better. The provider is requesting further physical therapy. Per a PR-2 dated 9/17/14, the claimant has increased ROM, less spasms with acupuncture. Per a PR-2 dated 10/07/14, the claimant has had 8 sessions of acupuncture in which he experiences some relief at the time, however as soon as the session is over the pain returns.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 prior acupuncture of unknown quantity and duration and had mild temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.