

Case Number:	CM15-0041901		
Date Assigned:	03/12/2015	Date of Injury:	02/02/2012
Decision Date:	04/22/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/05/2015

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 50 year old female, who sustained an industrial injury. The date of injury is conflicting the Application for Independent Medical Review has 2/2/12 and the progress report has 11/23/11. The injured worker has complaints of left arm/shoulder pain, described as sharp pain, shooting, numbness and burning sensation that radiates to the left arm down to the hand. The documentation noted that the pain is improved with medication only. The pain is aggravated by walking, cold weather and stress. The injured worker has had an Magnetic Resonance Imaging (MRI) arthrogram of the left shoulder; Transcutaneous Electrical Nerve Stimulation (TENS) unit and cortisone injections to left shoulder with no relief. The diagnoses have included left shoulder pain. Provider requested initial trial of 6 acupuncture sessions for left shoulder which were modified to 4 by the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions, left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions which were modified to 4 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits are within the quantity supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.