

Case Number:	CM15-0047405		
Date Assigned:	04/14/2015	Date of Injury:	01/08/2011
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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 30 year old male with an industrial injury dated January 8, 2011. The injured worker diagnoses include rotator cuff syndrome. He has been treated with diagnostic studies and periodic follow up visits. According to the progress note dated 02/11/2015, the injured worker reported pain in the cervical spine into left shoulder girdle trap. Objective findings revealed tenderness, spasm and decrease range of motion in the cervical spine and left shoulder. The treating physician prescribed services for acupuncture to the cervical and left shoulder girdle now under review. Per a PR-2 dated 5/19/2014, the claimant reports decreased shoulder symptoms with acupuncture. He has three remaining sessions. The claimant completed 7 acupuncture sessions last year with temporary relief of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the cervical and left shoulder girdle x 8: 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 trial and had temporary mild benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.