

Case Number:	CM15-0054901		
Date Assigned:	03/30/2015	Date of Injury:	01/18/2013
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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 a 65-year-old female, who sustained an industrial injury on 1/18/13. She reported right shoulder and right knee. The injured worker was diagnosed as having status post right shoulder surgery and status post right knee surgery. Treatment to date has included right shoulder surgery, right knee surgery, and physical therapy, acupuncture and aqua therapy. (MRI) magnetic resonance imaging of right shoulder and right knee were performed on 5/10/14. Currently, the injured worker complains of constant right shoulder and right knee pain. On physical exam dated 2/17/15, decreased range of motion with pain and tenderness to palpation was noted to anterior and lateral shoulder and knee. The treatment plan included prescriptions for topical creams, follow up acupuncture visits, TENS unit and post-surgical physical therapy. Per a report dated 1/27/15, the claimant's right shoulder and right knee pain is decreased after the acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for the right shoulder and right knee, 6 sessions: 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 prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.