

Case Number:	CM15-0056760		
Date Assigned:	04/01/2015	Date of Injury:	10/05/2013
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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 67 year old female, who sustained an industrial injury on 10/5/2013. The current diagnosis is left shoulder partial-thickness rotator cuff tear with impingement. According to the progress report dated 3/12/2015, the injured worker complains of left shoulder pain. Treatment to date has included acupuncture, physical therapy, home exercise program, and electrodiagnostic studies. The plan of care includes 12 additional acupuncture sessions. She has had no change since her last visit. She does report that acupuncture she had in the past had worked well. Per an acupuncture report dated 3/3/2015, the claimant reports that her left sholder pain is on and off. Her range of motion in the shoulder is the same and she is no longer taking pain pills. She has completed 12/12 sessions of acupuncture starting on 1/20/2015. Shoulder range of motion has increased in abduction (L shoulder from 120 to 150), flexion (R shoulder from 150 to 170 and left from 100 to 150), internal rotation (L shoulder from 25 to 35), and external rotation (left from 30 to 35).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 12 sessions for the low back: 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 at least twelve prior acupuncture visits with minor improvement. The range of motion increase after twelve visits of acupuncture is not clinically significant. Furthermore, the primary physician notes that she has had no change. Also there is no documentation submitted in the latest PR-2 on any low back complaints or limitations. Since, the provider fails to document clinically significant objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary for the low back.