

Case Number:	CM15-0059158		
Date Assigned:	04/03/2015	Date of Injury:	11/27/2012
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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 37 year old male, who sustained an industrial injury on November 27, 2012. He reported left shoulder, left knee, bilateral inguinal areas, and left cervical, left thoracic, and left lumbar spine injuries. The injured worker was diagnosed as having bilateral shoulder sprain, lumbar sprain/strain, and left hip sprain/strain. Treatment to date has included MRIs, x-rays, work modifications, physical therapy, acupuncture, chiropractic therapy, pain medication, and non-steroidal anti-inflammatory medication. On February 23, 2015, the injured worker complains of bilateral shoulder, lumbosacral, and left hip pain. The physical exam revealed tenderness to palpation of right shoulder, normal range of motion with pain at end-range, and decreased muscle strength. There was tenderness to palpation of left shoulder with normal range of motion. There was lumbar spine tenderness to palpation, normal range of motion with spasm, and positive straight leg raise. There was no tenderness of the left hip, normal range of motion with pain, and a positive Patrick sign. The treating physician noted he had 6 sessions of acupuncture 6 months prior, which was helpful. The requested treatment is 8 sessions of acupuncture for the bilateral shoulders, low back, and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 (2 x 4 weeks) for bilateral shoulders / low back / left hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medial Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had acupuncture treatments in the past. The provider noted that acupuncture was more helpful than chiropractic. It was noted that Motrin 800 mg helps control pain levels and allows activities of daily living. There was no objective quantifiable documentation regarding functional improvement from previous acupuncture sessions. Therefore, the provider's request for 8 additional acupuncture sessions to the bilateral shoulders, low back, and left hip is not medically necessary at this time.