

Case Number:	CM15-0083249		
Date Assigned:	05/05/2015	Date of Injury:	02/06/2013
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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 61 year old female with an industrial injury dated 02/06/2013. Her diagnoses included adhesive capsulitis of right shoulder, cervical radiculopathy, and right shoulder impingement and right carpal tunnel syndrome. Prior treatments included physical therapy, acupuncture and myofascial release. She was being followed by spine, pain management and neurology. She presents on 03/27/2015 with complaints of "doing a little worse. Physical exam revealed mild tenderness to palpation diffusely throughout the right upper extremity. She was able to flex and extend all fingers without pain with passive finger extension. Sensation was intact to light touch first dorsal web space, index finger and small finger. MRI arthrogram dated 10/2013 showed no apparent rotator cuff tear and electro diagnostic studies showed normal exam (per provider). The provider recommended she continue follow up with other providers for treatment of parascapular spasms and to continue home exercise program. Progress note dated 04/09/2015 documented the injured worker was requesting more acupuncture. Treatment plan included a request for 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of acupuncture: 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 with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.