

Case Number:	CM14-0130304		
Date Assigned:	08/20/2014	Date of Injury:	07/12/2007
Decision Date:	10/08/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is a licensed Acupuncturist and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male who sustained an industrial injury on July 12, 2007. He has had numerous surgeries and numerous physical therapy sessions to the cervical spine, right wrist and bilateral shoulders. The patient is diagnosed with Depressive disorder not elsewhere classified; Depression; Old disruption of posterior cruciate ligament; Rotator cuff disorders not elsewhere classified; cervical facet syndrome tear; and Scapholunate ligament (TFCC) tear. The patient is on Tramadol 50 mg. and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two Times A Week For Four Weeks To Low Back, Neck, Bilateral Shoulders and Bilateral Feet: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per CA MTUS Acupuncture medical treatment guidelines states that 4-6 sessions of acupuncture are recommended to assess for functional improvement. Therefore, a modification of 4 sessions (once a week for 4 weeks) of acupuncture for the low back, neck, bilateral shoulders and bilateral feet would be reasonable and medically necessary.

