

Case Number:	CM14-0131547		
Date Assigned:	08/20/2014	Date of Injury:	04/12/2009
Decision Date:	09/26/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 licensed in Acupuncture and is licensed to practice in California. 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:

Claimant is a 44 year old who sustained a work related injury on 4/12/2009. Prior treatment includes left shoulder surgery, manipulation under anesthesia, physical therapy, epidural injections, steroid injections, biofeedback, extracorporeal shockwave therapy, facet injections, and medications. Her diagnoses are cervical sprain/strain, left shoulder sprain/strain with adhesive capsulitis, status post arthroscopic surgery, head trauma, hypertension, diabetes, GERD, and sleep disorder. She was declared permanent and stationary on 1/6/11. Per a report dated 7/2/2013, the claimant has had acupuncture in the past and it helped alleviate her neck and mid back symptoms. Per a PR-2 dated 6/30/2014, the claimant has neck pain with decreased range of motion of the cervical spine. The compression test is positive and MRI shows mild degeneration at C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: 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 visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture in the past of unknown quantity and duration with subjective improvement. However the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.