MAXIMUS Federal Services

Case Number:	CM15-0109577		
Date Assigned:	06/16/2015	Date of Injury:	02/13/2012
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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 63-year-old female, who sustained an industrial injury on 2/13/12. She reported pain in her right shoulder. The injured worker was diagnosed as having right shoulder pain and chronic pain syndrome. Treatment to date has included acupuncture and pain medications. On 2/25/15, the injured worker reported that acupuncture helps her manage pain and increases mobility. As of the PR2 dated 5/6/15, the injured worker reports constant right shoulder pain. She continues acupuncture. She indicated that current medications help manage her pain and increases mobility. Objective findings include painful range of motion in the right shoulder and 2+ tenderness. The treating physician requested acupuncture 2 x weekly for 6 weeks to the right shoulder. Per a PR-2 dated 1/29/2015, the claimant got acupuncture. Physical exam is unchanged and medications are renewed. Per a PR-2 dated 3/26/15, she got acupuncture and still continues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the right shoulder: 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 had some subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.