

Case Number:	CM15-0013593		
Date Assigned:	02/02/2015	Date of Injury:	06/27/2014
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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 (IW) is a 52 year old female who sustained an industrial injury on 06/27/2014. She has reported neck and back pain and tightness in the left shoulder and neck that she rates as a 10/10 at its worst in the preceding week, and 7/10 at its best. Diagnoses include cervicobrachial syndrome, rotator cuff syndrome, bursitis, bicipital tenosynovitis. In a progress note dated 12/16/2014 the treating provider reports severe restricted range of motion to the cervical as well as bilateral shoulder. Per a PR-2 dated 10/2/2014, the claimant states that acupuncture was briefly helpful but not sustainable. The IW was recommended to continue taking Naproxen, and authorization was requested for acupuncture to the cervical spine and left shoulder. On 01/08/2015 Utilization Review non-certified a request for Acupuncture 2x6 for the cervical spine noting the medical necessity could not be established at this time as the IW had 6 sessions authorized previously but there is no documentation of functional improvement .

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the cervical spine: 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 a prior acupuncture trial with only temporary benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.

Acupuncture 2x6 for the left 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 a prior acupuncture trial with only temporary benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.