

Case Number:	CM15-0110380		
Date Assigned:	06/16/2015	Date of Injury:	09/15/2011
Decision Date:	07/21/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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 55 year old male, who sustained an industrial injury on September 15, 2011, incurring lower back and right shoulder injuries after a slip and fall carrying heavy weight. He was diagnosed with displacement of the lumbar vertebral disc, lumbar radiculopathy, and right shoulder sprain. Magnetic Resonance Imaging of the shoulder revealed a tendon rupture, and acromioclavicular arthrosis. Treatment included physical therapy, acupuncture, steroid injections, pain medications, and shoulder surgery. Currently, the injured worker complained limited range of motion in the right shoulder with stiffness and pain. The pain increased with activities and lifting heavy objects. The injured worker complained of ongoing lower back pain from repetitive bending and kneeling and prolonged walking. The treatment plan that was requested for authorization included acupuncture to the right shoulder and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x wk x 6 wks, Right shoulder, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be continued if there is documentation of functional improvement. There was evidence that the patient has had acupuncture treatment. There was no documentation of functional improvement from the acupuncture received on 5/19/15 and 5/21/2015. Based on the lack of functional improvement from prior acupuncture sessions, the provider's request for 12 acupuncture session for the right shoulder and lumbar spine is not medically necessary at this time.