

Case Number:	CM15-0111337		
Date Assigned:	06/17/2015	Date of Injury:	09/23/2014
Decision Date:	07/31/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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 24-year-old male who sustained an industrial injury on 09/23/2014. Diagnoses include left shoulder bursitis and chronic left trapezius strain. Treatment to date has included medications, physical therapy and cortisone injection to the shoulder. According to the progress notes dated 3/11/15, the IW reported significant, constant left shoulder pain rated 7/10. He described the pain as sharp and burning and was worse when sleeping on it. He stated the pain improved by not moving the shoulder. On examination, the anterior and posterior aspects of the left shoulder and the left trapezius muscles were tender to palpation. Range of motion was unrestricted in the left shoulder. Provocative maneuvers and tests were negative. The neurological exam of the bilateral upper extremities was normal. X-rays of the left shoulder on 9/30/14 were normal. CT scan of the left shoulder on 10/16/14 was normal. Examination of the cervical spine was unremarkable. A request was made for acupuncture for the cervical spine, lumbar spine, left shoulder and left wrist, three times weekly for six weeks. Six acupuncture visits were authorized on 5/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical spine, lumbar spine, left shoulder and left wrist 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Acupuncture.

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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 18 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.