

Case Number:	CM15-0114116		
Date Assigned:	06/22/2015	Date of Injury:	03/23/2012
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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 66 year old female who sustained an industrial injury on 03/23/12. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include left shoulder pain and left arm weakness, as well as left hip and low back pain. Current diagnoses include disorder of the rotator cuff and pain in the left leg. In a progress note dated 05/27/15 the treating provider reports the plan of care as trazadone, acupuncture, an occupational therapy ergonomic evaluation of the injured worker's car, and consider left greater trochanter and gluteal steroid injections and physical therapy. The requested treatments include acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 sessions left arm and left leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has persistent left shoulder pain and left arm weakness when trying to grasp and hold objects. The patient also complained of ongoing left hip pain and low back pain in recent months. There was no evidence of prior acupuncture treatments from the submitted medical records. The guideline recommends an initial trial of 3-6 sessions over 1-2 months to produce functional improvement. Based on the guideline, 6 acupuncture sessions would be medically necessary and appropriate for this patient. The provider requested 12 acupuncture sessions for the left arm and left leg, which exceeds the evidence, based guidelines for an initial trial and therefore is inconsistent with the guidelines. The provider's request is not medically necessary and appropriate at this time.