

Case Number:	CM15-0114320		
Date Assigned:	06/22/2015	Date of Injury:	02/19/2011
Decision Date:	07/21/2015	UR Denial Date:	05/08/2015
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:

This 58 year old female sustained an industrial injury to the neck, back, left elbow, left knee, left ankle and left shoulder on 2/19/11. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, epidural steroid injections and medications. Documentation did not disclose the number of previous acupuncture sessions or objective evidence of functional improvement. In a follow up consultation dated 3/24/15, the injured worker complained of pain to the right wrist, left elbow, left shoulder, left knee, right foot and low back rated 5-7/10 on the visual analog scale. The injured worker reported that recent acupuncture resulted in decreased pain and improved activity tolerance. Current diagnoses included lumbar spine degenerative disc disease and left lumbar spine. The treatment plan included twelve acupuncture sessions for the left shoulder. Per a PR-2 dated 4/8/2015, the claimant has completed six sessions of acupuncture which helps her low back minimally. Acupuncture reports submitted document that the claimant felt less pain after treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 12 sessions 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 prior acupuncture of unknown quantity and duration and had temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.