

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0117254 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 01/23/2002 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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 73 year old male who sustained an industrial injury on 01/23/2002. The injured worker was diagnosed with internal derangement of the right knee, degenerative joint disease of the knees bilaterally, and shoulder sprain/strain with bilateral rotator cuff tears. The injured worker underwent a right shoulder rotator cuff repair (no date documented). Treatment to date has included diagnostic testing, surgery, physical therapy, acupuncture therapy, home exercise program and medications. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience right knee and bilateral shoulder pain. Examination demonstrated positive tenderness to palpation with painful range of motion. There was slightly more decreased range of motion with extension on the right knee compared to the left knee. No assistive devices were used for ambulation. The bilateral shoulders revealed tenderness to palpation with range of motion at 70% of normal bilaterally. Current medication is Motrin. Treatment plan consists of continuing with exercises and conservative modalities, Motrin as needed and the current request for electro-acupuncture with infrared heat & myofascial release times 6 sessions. Per a Pr-2 dated 3/3/2015, the claimant reports that electro-acupuncture has been helpful in the past and he wishes to have treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture with infrared heat & myofascial release x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability 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 subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.