

Case Number:	CM15-0119390		
Date Assigned:	06/29/2015	Date of Injury:	06/09/2011
Decision Date:	08/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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 49 year old female with an industrial injury dated 06/09/2011. The injured worker's diagnoses include cervical spine sprain/strain, disc protrusion in C3-4, other infections of the shoulder region, not elsewhere classified, status post right shoulder arthroscopic acromioplasty, lumbar spine sprain/strain, retrolisthesis with degenerative disc disease and disc bulge. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/27/2015, the injured worker presented for electromyography and nerve conduction study to rule out cervical radiculopathy, brachial plexopathy or other peripheral nerve entrapment. The Electromyography (EMG)/Nerve conduction velocity (NCV) testing for upper extremities were normal with no evidence of cervical radiculopathy, brachial plexopathy or other peripheral nerve entrapment. In a progress note dated 04/28/2015, the injured worker reported constant right shoulder pain rated 5-7/10. The injured worker also reported left shoulder pain and left arm pain. Documentation noted no functional change since last exam. Physical exam revealed tenderness in the suboccipital, cervical, right acromioclavicular joint (AC) and superior deltoid. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for acupuncture now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 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 extended with documentation of functional improvement. Records indicate that the patient received acupuncture in the past. The patient completed 6 additional acupuncture sessions on 4/7/2015. There was no documentation regarding functional improvement from the recent acupuncture session. Based on the lack of functional improvement, the provider's request for additional acupuncture session is not medically necessary at this time.