

Case Number:	CM15-0129995		
Date Assigned:	07/16/2015	Date of Injury:	10/11/2013
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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 47 year old male, who sustained an industrial injury on 10/11/13. The injured worker has complaints of bilateral shoulder pain. The diagnoses have included bilateral shoulder pain; neck pain and bilateral elbow and wrist pain. Treatment to date has included physical therapy; shock-wave therapy; acupuncture; anti-inflammatories; topical anti-inflammatories; bilateral shoulder X-rays showed mild degenerative changes at the acromioclavicular (AC) joint; magnetic resonance imaging (MRI) of both shoulders on 12/20/13 showed abnormal signal seen in the supraspinatus tendon with a fluid-filled structure, extending from the insertion of the supraspinatus into the infraspinatus muscle consistent with his ganglion cyst associated with a partial supraspinatus tear and magnetic resonance imaging (MRI) of bilateral shoulders on 7/24/14 showed complete supraspinatus tear, tendinosis, superior labrum, anterior to posterior. The request was for acupuncture once a week for 4 weeks for numerous body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 4 weeks for numerous body parts: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 4 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.