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| Case Number: | CM15-0164353 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 06/08/2012 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 08/07/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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 49 year old female injured worker suffered an industrial injury on 6-8-2012. The diagnoses included shoulder pain. On 7-2-2015 the treating provider reported bilateral upper extremity pain secondary to carpal tunnel syndrome and right shoulder pain. She had a right shoulder arthroscopy 2013. She reported she continued to have pain numbness and tingling in the bilateral upper extremities. She used topical capsaicin and diclofenac creams and Ultracet when the pain is more severe. There was no evidence of an exam of the right shoulder at this visit. The QME on 4-27-2015 reported chronic post-operative rotator cuff syndrome with mild adhesive capsulitis. Diagnostics included electromyography studies 4-3-2015. The Utilization Review on 8-7-2015 determined modification for 12 additional sessions for outpatient acupuncture for the right shoulder to 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional outpatient acupuncture for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. Therefore further acupuncture is not medically necessary.