

Case Number:	CM15-0023051		
Date Assigned:	02/12/2015	Date of Injury:	03/14/2014
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio

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:

Claimant is a 51-year-old female sustained a work-related injury on 3/14/14. Progress note dated 12/15/14 notes a chief complaint of right knee pain, left shoulder pain, low back pain, and right fifth finger PIP joint pain. The right knee has full range of motion and no instability. The left shoulder has provocative impingement findings. Diagnoses include right knee and of -itis, left shoulder rotator cuff tendinitis, lumbago/spasm, right fifth finger PIP joint inflammation. Previous treatment has included MRI, medications, injections, acupuncture, and physical therapy. It is noted in the file that the patient was approved for four acupuncture visits on 12/1/14. UR decision dated 1/26/15 noncertified the request for acupuncture two times a week for four weeks citing MTUS acupuncture medical treatment guidelines and the lack of functional improvement documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left shoulder, 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Claimant has been approved for four acupuncture treatments. The results of those treatments are not documented. Acupuncture medical treatment guidelines note that acupuncture treatments may be extended if functional improvement is documented. Due to the lack of objective functional improvement and the MTUS acupuncture medical treatment guidelines, the request for acupuncture for the left shoulder two times a week for four weeks is not medically necessary.