

Case Number:	CM15-0048464		
Date Assigned:	03/20/2015	Date of Injury:	08/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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 21 year old female, who sustained an industrial injury on 8/1/2014. The current diagnoses are sprain/strain of the cervical, thoracic, and lumbar spine. According to the progress report dated 1/30/2015, the injured worker complains of pain in the left shoulder, neck, upper and lower back. Treatment to date has included medication management, physical therapy, and 8 acupuncture sessions. Per acupuncture notes on 1/27/2015, the physical exam revealed significant improvement on her left shoulder with range of motion. When she started the acupuncture sessions, her left shoulder pain was rated 6/10. On her last visit, she indicated her shoulder pain was reduced to 2/10. Her left shoulder range of motion has improved by 15 degrees in flexion, 5 degrees in extension, 10 degrees in abduction, and she is able to reach to T7 which is two segments above T9. The plan of care includes 6 additional acupuncture sessions to the left shoulder and MRI scan of the left shoulder and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture- left shoulder 2x3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 trial with objective increase of range of motion and significant decrease in pain scale. Therefore six further sessions of acupuncture are medically necessary.