

Case Number:	CM15-0061816		
Date Assigned:	04/07/2015	Date of Injury:	06/29/2006
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/01/2015

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 55-year-old female, who sustained an industrial injury on June 29, 2006. She reported left shoulder, low back and left hip pain. The injured worker was diagnosed as having cephalgia, status post left shoulder arthroscopic subacromial decompression, distal clavicle resection and rotator cuff repair and status post left hip arthroplasty. Treatment to date has included diagnostic studies, surgical interventions of the shoulder and hip, medications and work restrictions. Currently, the injured worker complains of left shoulder, low back and left hip pain. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 18, 2015, revealed continued pain. Acupuncture for the left shoulder was requested.

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 and left hip; 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider 2X6 acupuncture sessions for flare-up which were non-certified by the utilization review. Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Requested visits exceed the quantity supported by cited guidelines. 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, 12 acupuncture treatments are not medically necessary.