

Case Number:	CM15-0078560		
Date Assigned:	04/29/2015	Date of Injury:	08/06/2014
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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:

This 72 year old female sustained an industrial injury on 8/6/14. She subsequently reported shoulder pain. Diagnoses include left midclavicular fracture and de quervain's syndrome of the left wrist. Treatments to date have included MRI studies and prescription pain medications. The injured worker continues to experience left shoulder pain. Upon examination, the left shoulder shows some swelling in the superior infraclavicular fossa. A request for Acupuncture 2x4 Left shoulder and Acupressure 2x4 Left shoulder was made by the treating physician. Per a PR-2 dated 11/13/14, the claimant feels that acupuncture was quite helpful. She feels that the pain control is much better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 Left shoulder: Upheld

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

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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.

Acupressure 2x4 Left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: Evidenced based guidelines do not recommend massage therapy as a stand alone therapy. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. It is likely that the claimant has already exceed 6 acupressure sessions. Since acupuncture is not medically necessary, acupressure massage is also not medically necessary as a stand alone therapy.