

Case Number:	CM15-0090617		
Date Assigned:	05/14/2015	Date of Injury:	06/01/2010
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 56-year-old male who sustained an industrial injury on June 1, 2010. He has reported injury to the left shoulder and has been diagnosed with other specified disorders of bursae and tendon in shoulder region. Treatment has included acupuncture, physical therapy, medications, and injection. The left shoulder examination noted mild trapezial atrophy. There was a positive Neer, Hawkin's, and O'Brien. The bicipital groove was very tender. Rotator strength was a 4+/5. Radial head /neck non-tender, Acromioclavicular joint showed tenderness plus crossover. The treatment request included Acupuncture 12 sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions to cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. It was noted that the patient

completed 60 acupuncture sessions since the injury. According to the progress report dated 1/12/2015, the provider reported that the patient recently completed 12 acupuncture sessions. The patient reported that acupuncture has been helpful in helping neck and shoulder pain. In addition, it provided more range of motion. Since receiving acupuncture treatments, the patient reported being able to stop all pain medications. The patient was prescribed Vicodin 5-300 mg tablets. There was no objective quantifiable documentation regarding functional improvement from the most recent acupuncture session. Therefore, the provider's request for 12 additional acupuncture sessions to the cervical spine is not medically necessary at this time.