

Case Number:	CM15-0092960		
Date Assigned:	05/19/2015	Date of Injury:	11/02/2006
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48-year-old female who sustained an industrial injury on 11/02/2006. Current diagnoses include acromioclavicular cartilage disorder of the left shoulder, cervical radiculopathy, cervical sprain/strain, subacromial bursitis on the left, and thoracic sprain/strain. Previous treatments included medication management. Initial injuries included the cervical and thoracic spine, and left shoulder. Report dated 04/20/2015 noted that the injured worker presented with complaints that included cervical, thoracic, and left shoulder pain. Pain level was 6 out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormalities in the left shoulder. The treatment plan included follow up for re-evaluation in 6 weeks, request for past medical records, return to full duty, labs were drawn, request for acupuncture, and prescribed Skelaxin and Naproxen. Disputed treatments include acupuncture, twice weekly for 6 weeks for the left shoulder, cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly, Left Shoulder, Cervical and Thoracic Spine, quantity 12 sessions per 04/20/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture, twice weekly, left shoulder, cervical and thoracic spine, quantity 12 sessions per 04/20/2015 is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that that the patient has had prior acupuncture. It is unclear of the efficacy from this prior acupuncture. Without clear indication of the amount of prior acupuncture and the efficacy, additional acupuncture is not indicated or medically necessary.