

Case Number:	CM13-0011310		
Date Assigned:	06/06/2014	Date of Injury:	04/06/2009
Decision Date:	07/11/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is licensed in Chiropractic Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old female with a reported date of injury of 04/06/2009. The mechanism of injury was not provided in the documentation available for review. The injured worker presented with complaints of shoulder and neck pain. According to the clinical information available for review, the injured worker underwent left shoulder surgery in 2008, and left and right hand surgery in 2010. An MRI of the left shoulder performed 02/22/2011, revealed rotator cuff tendinosis with interstitial surface partial thickness tear, and biceps tendinosis involving the interscapular portion. The clinical note dated 07/23/2013 indicated the injured worker attended 12 acupuncture visits. The injured worker reported that acupuncture produced a moderate decrease in neck and low back pain. In addition, the injured worker stated her ability to exercise improved. In the clinical note dated 07/30/2013, the physician noted that acupuncture was reasonable to request, as the injured worker was exercising more. He also noted, acupuncture improved the injured worker's function, as demonstrated by utilizing less medication. The request for authorization for continued acupuncture sessions for the cervical and lumbar spine, one time a week for 6 weeks was submitted on 08/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED SIX (6) ACUPUNCTURE SESSIONS FOR CERVICAL AND LUMBAR SPINES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Guidelines, acupuncture is used as an option when pain medications are reduced or not tolerated. It may be used in addition to physical therapy and/or surgical intervention to hasten functional recovery. The guidelines state the time to produce functional improvement as 3 to 6 treatments, with a frequency of 1 to 3 times per week. The optimum duration of acupuncture is 1 to 2 months. Treatments may be extended if functional improvement is documented. According to the clinical note dated 07/23/2013, the injured worker attended 12 acupuncture sessions. The injured worker indicated acupuncture produced a moderate decrease in neck and low back pain. There is a lack of documentation of objective clinical findings increased functional benefit regarding previous acupuncture, to include increased range of motion. In addition, the request for 6 additional acupuncture sessions exceeds guideline recommendations. Therefore, the request for continued six (6) acupuncture sessions for cervical and lumbar spines is not medically necessary and appropriate.