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| Case Number: | CM13-0012048 | | |
| Date Assigned: | 03/26/2014 | Date of Injury: | 12/08/2001 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

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 and Acupuncture and is licensed to practice in California. 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 47 year old male who reported left arm and neck pain from injury sustained on 12/8/01. An MRI of left shoulder revealed mild tendinosis of supraspinatus and subscapularis tendon, minimal fluid in the subacromial/ subdeltoid bursa and minimal degenerative changes of acromioclavicular joint. The patient was diagnosed with cervical radiculopathy and was treated with medication and acupuncture. Per notes dated 7/16/13, the patient complained of left shoulder pain, had experienced 80% reduction in pain level in the past following acupuncture and epidural injection; acupuncture helps him do more around the house; pain is 2/10. Per acupuncture PR-2 dated 10/29/13, the patient has pain with palpation of the left scapular area, left posterior aspect of shoulder and deltoid; range of motion limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED ACUPUNCTURE SESSIONS FOR THE LEFT SHOULDER (FREQUENCY AND DURATION NOT SPECIFIED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines, acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement is 3-6 treatments at frequency of 1-3 times per week. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 decreased medication intake. Additionally, 3-6 acupuncture sessions are sufficient for functional improvement; 12 sessions requested exceed maximum amount recommended per guidelines. Per review of evidence and guidelines, the request for acupuncture treatments is not medically necessary.