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| Case Number: | CM13-0014955 | | |
| Date Assigned: | 10/08/2013 | Date of Injury: | 05/11/2007 |
| Decision Date: | 01/08/2014 | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in chiropractic care, has a subspecialty in 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.

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 claimant is a 39-year-old who was involved in a work related injury on 5/11/2007. She has bilateral shoulder and cervical pain. Her primary diagnoses are left shoulder osteoarthopathy, right shoulder pain, protrusion of c5-c6 with radiculopathy, and cervical spondylosis. She has had 16 prior acupuncture sessions along with extensive physical therapy, chiropractic and oral medications. An MRI reveals of the left shoulder reveals subdeltoid bursitis and EMG (electromyogram) and NCVs (nerve conduction velocity tests) are normal. The PR-2 dated 10/2/13 notes that there is left shoulder pain, cervical pain and upper extremity symptoms. There is tenderness the the AC joint with limited range of motion in the shoulder and cervical spine. She has decreased sensation in the right C5 and C6 dermatomes. The PTP reports that the claimant is having greater activity with medications, TENs, heat/cold, and HEP (home exercise program). In a QME dated 7/12/2013, the reviewer states that the claimant has a reached a point of maximal medical improvement and is "well stabilized and unlikely to change substantially in the next year with or without medical treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice per week for six weeks on the cervical spine and bilateral shoulders:
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 Acupuncture Medical Treatment Guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had sixteen prior acupuncture sessions without documented functional improvement. In the last report, the PTP mentions that there is functional improvement but cites medication, home exercise, TENS (transcutaneous electrical nerve stimulation) unit, and hot/cold therapy as a causative factor. He does not mention acupuncture. A prior denial for acupuncture was rendered prior to this current request for the same reason. The PTP still has not documented any functional benefit from acupuncture. The request for acupuncture on the cervical spine and bilateral shoulders, twice per week for six weeks, is not medically necessary or appropriate.