

Case Number:	CM13-0026490		
Date Assigned:	11/22/2013	Date of Injury:	03/19/2012
Decision Date:	08/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/19/2013

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 65 year old male who reported right shoulder, knee, left hip pain from injury sustained on 03/19/12. He fell off a 5 ft. ladder and landed on his right shoulder. Patient is diagnosed with rotator cuff rupture, headaches, left knee contusion, status post right shoulder surgery, right shoulder internal derangement and left hip sprain/strain. The patient has been treated with Acupuncture, physical therapy, rotator cuff repair X2 (08/2012 and 01/2013). Per medical notes dated 04/04/13, patient states he was improved compared to prior to surgery but still has stiffness in his shoulder. He has not been able to improve the stiffness despite physical therapy. Per medical notes dated 05/06/13, patient has completed 4 visits of acupuncture since the last surgery which has not been helpful. He reports numbness and tingling in right arm and hand. Pain is worse when doing repetitive exercise. Per medical notes dated 07/18/13, patient complains of pain and discomfort involving multiple body parts including right shoulder, left hip and left knee pain. There is decreased range of motion of right shoulder with swelling noted on right shoulder and decreased range of motion. The patient has had therapy, cortisone injection, surgery, electro acupuncture but still is symptomatic with pain and discomfort with limited function with decreased strength. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO ACUPUNCTURE 2 X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. Per medical notes dated 05/06/13, the patient has completed 4 visits of acupuncture which have not been helpful. Per medical notes dated 07/18/13, the patient has had therapy, cortisone injection, surgery, electro acupuncture but still is symptomatic with pain and discomfort with limited function with decreased strength. The provider is requesting additional 2X4 acupuncture sessions. 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. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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 decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.