

Case Number:	CM13-0027197		
Date Assigned:	11/22/2013	Date of Injury:	06/06/2013
Decision Date:	01/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 a licensed Doctor of Chiropractic, 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 physician 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 patient is a 57 year old female with a date of injury of 6/6/2013. According to the progress report dated 8/15/2013, the patient complained of neck and bilateral shoulder pain with stiffness and spasms. She reports difficulty sleeping due to her physical discomfort. Significant objective findings include cervical spine tenderness about the paracervical musculature, restricted range of motion due to pain and discomfort, and muscle spasms were present. The patient was diagnosed with cervical spine sprain/strain with radicular complaints, bilateral shoulder sprain/strain/myofascitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 x 4 for the bilateral shoulder sprain/strain myofascitis injury:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the

availability of experienced providers with consistently good outcomes. However, the guideline makes no recommendation on the number of acupuncture sessions. Therefore an alternative guideline was consulted. Â§ 9792.24.1. Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to Â§ 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The patient reported that acupuncture reduced her pain and increases her range of motion per progress report dated 9/12/2013. Her medication dosage and amount remained the same. There was no documentation of objective functional improvement in the submitted documentation. Therefore, additional acupuncture sessions 2 times a week for 4 weeks for the bilateral shoulder are not medically necessary at this time.