

Case Number:	CM13-0037431		
Date Assigned:	12/13/2013	Date of Injury:	05/19/2010
Decision Date:	12/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/23/2013

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 Acupuncture and is licensed to practice in Connecticut and New York. 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:

According to the records made available for review, this is a 43 year old male patient sustained a left shoulder and lower back injury with a 5/19/2010 date of injury resulting from falling from a ladder. As of 9/26/13, patient had an unknown prior amount of acupuncture. He is status post left shoulder surgery. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, X6 there is documentation of main subjective pain complaints on the above, with objective positive findings including tenderness and limited range of motion on the areas of injury. He takes oral medication and had physical therapy. There was no documentation of an increased function on the above areas of injury resulting from patient's prior sessions of unknown dates. There is no information that included a decrease in the intake of pain medication, a reduction of the intensity of objective findings, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 X's PER WEEK X 2 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Continued acupuncture is not medically necessary. In order to support the medical necessity for acupuncture, based on MTUS guidelines, acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement which was absent in this file (as a request for continuing acupuncture after having had prior sessions). There is no documentation of the amount of prior acupuncture, whether the amount was consistent with guidelines, and there is no information on objective/functional improvement from prior sessions of acupuncture of unknown amount over the past 4 years. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented. The medical records in this file did not clearly document functional progress from her prior sessions. For these reasons continued acupuncture X6 is not supported by guidelines.