

Case Number:	CM13-0037499		
Date Assigned:	12/13/2013	Date of Injury:	04/19/2013
Decision Date:	03/20/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with cumulative trauma at work first claimed on April 19, 2013. Thus far, the applicant has been treated with analgesic medications, six sessions of acupuncture, eight sessions of physical therapy, transfer of care to and from various providers in various specialties, apparent return to part time modified work and consultation with a neurosurgeon, who apparently declined to intervene operatively. In a utilization review report of September 19, 2013, the claims administrator denied a request for 10 sessions of acupuncture, citing the outdated 2007 MTUS acupuncture guidelines. In a September 4, 2013 neurosurgery consultation, it is stated that the applicant has a diagnosis of cervical radiculopathy, epidural steroid injection therapy, and physical therapy are endorsed. The applicant is asked to follow up on an as-needed basis. On September 27, 2013, it is stated that the applicant has persistent shoulder complaints. 90 degrees of flexion and abduction are appreciated secondary to pain and guarding. It is stated that the applicant's employer is unable to accommodate her light duty and that she is now off of work, on total temporary disability. Additional acupuncture is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional ten acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no such evidence of functional improvement as defined in section 9792.20f. The applicant has failed to return to work. The applicant is now off of work, on total temporary disability. The applicant apparently has heightened complaints of pain and heightened physical impairment in terms of limited shoulder range of motion. Continuing acupuncture in the face of the applicant's failure to demonstrate functional improvement as defined in section 9792.20f is not indicated. Therefore, the request is not certified.