

Case Number:	CM13-0041266		
Date Assigned:	12/20/2013	Date of Injury:	09/07/2011
Decision Date:	02/20/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/13/2013

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 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 45-year-old female with a date of injury of 09/07/2011. According to the progress report dated 8/27/2013, the patient complained of neck pain and bilateral shoulder pain. The patient states that TENS and medications helps. No objective findings were noted. She was diagnosed with displacement of cervical, subscapularis muscle tear, tendinitis of the shoulder, and shoulder impingement. According to her exam dated 6/19/2013, her right shoulder and cervical spine range of motion was decreased. Sensation was within normal limits as well as her upper extremity reflexes. The motor strength of the upper extremity was 5/5. The patient's EMG study dated 7/15/2013 by [REDACTED] was an abnormal study. There was electrodiagnostic evidence of mild demyelinating median neuropathies at the bilateral wrists. There was no electrodiagnostic evidence of a right or left upper extremity radiculopathy, plexopathy or other mononeuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, with 1 or more needles; without electrical stimulation: initial 15 minutes of personal one-on-one contact with the patient setting: outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 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). There was no evidence that the patient had acupuncture care prior to 8/27/2013. The patient experienced neck as well as bilateral shoulder pain. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. Therefore, the provider's request for acupuncture without electrical stimulation with an initial 15 minutes of one on one personal contact is medically necessary at this time.