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| Case Number: | CM13-0042646 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/08/2011 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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 Board Certified in Chiropractic Care, 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 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 62 year old male who reported right shoulder pain from injury sustained on 2/08/11 while winding a large propane hose. He developed left shoulder pain after the injury. There were no diagnostic imaging reports included in medical records. Patient was diagnosed with bilateral shoulder pain, right shoulder pain status post superior labral, anterior and posterior tear and rotator cuff repair. Patient has been treated with medication, arthroscopic repair of right rotator cuff and superior labrum repair; and physical therapy. Per notes dated 9/30/13, patient reported right shoulder pain. Pain is worse at night, pain level is 4/10 which decreases with ibuprofen and left shoulder pain is 6/10. Primary treating physician is requesting eight initial acupuncture sessions. Utilization review modified the request to six initial visits per guidelines. Per acupuncture progress notes dated 11/19/13, the pain is intermittent and worse when driving and overhead use. The pain disrupts his sleep and inhibits activities of daily living and his pain level is 4/10. He reports steady improvement in his condition since starting acupuncture. There is no assessment in the provided medical records of functional efficacy with acupuncture visits. Patient continues to have pain in bilateral shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) - Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "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: three to six-treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented". Patient hasn't had prior Acupuncture treatment. Per guidelines three to six treatments are sufficient for initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. California Medical Treatment Utilization Schedule (MTUS)-Definition 9792.20 (f) "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. Per guidelines and review of evidence, eight Acupuncture visits are not medically necessary.