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| Case Number: | CM13-0043437 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 03/02/2011 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 Acupuncture, has a subspecialty in Addition Detoxification and is licensed to practice in 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:

The purpose of this review is to consider eight acupuncture sessions. The applicant is a male employee who has filed an industrial claim for bilateral upper extremity injury that occurred on 3/02/11. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of chronic bilateral shoulder pain. On 9/11/13, the primary treating physician requested eight additional sessions of acupuncture without electric stimulation to treat his pain and to reduce some of his symptoms. The applicant complains of a pain level of 3/10 with numbness and tingling from the elbows down to both arms and 3rd and 5th digits of bilateral hands. His current diagnosis consists of status post bilateral shoulder arthroscopic surgery, status post left ulnar nerve release and chronic bilateral shoulder pain. His condition is permanent and stationary and continues to work full-time. His treatment to date includes, but is not limited to: X-rays, MRI's, surgical intervention, acupuncture, physical therapy, home exercise program and Motrin. In the utilization review report, dated 9/16/13, the UR determination did not approve the eight sessions of acupuncture in light of "functional improvement", as defined by the guidelines. The reviewer indicated the applicant received prior acupuncture treatments, but the applicant's most recent clinical progress note failed to provide any evidence of sustainable functional improvements, therefore the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF ACUPUNCTURE FOR BILATERAL SHOULDERS AT 2 TIMES A WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least eight visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant continues to work full-time and is permanent and stationary status. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary