

Case Number:	CM13-0046891		
Date Assigned:	04/07/2014	Date of Injury:	06/30/2003
Decision Date:	05/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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 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:

This is a 50 year old male patient with pain complaints of the neck and bilateral shoulders. Diagnoses included sprain of the wrists, and status post right carpal tunnel release. Previous treatments included: left shoulder surgery, steroid injection, oral medication, physical therapy, acupuncture (prior x12 sessions provided "symptom relief and medication intake reduction"), home exercise program, self care, and work modifications amongst others. As the patient continued to be significantly symptomatic, with reduced function in ADLs, a request for acupuncture x6 was made on 09-30-13 by the Primary Treating Physician (PTP). The requested care was denied on 10-09-13 by the UR reviewer. The reviewer's rationale was "Physical therapy and medication has provided significant symptomatic relief and has allowed the injured worker to remain functional. There is no clinical evidence of acute exacerbation or functional limitation that would justify the necessity of acupuncture. Therefore the request for acupuncture is not supported for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X6 C-SPINE, BI SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: An appeal to UR denial from the PTP dated 10-30-14 documented "patient had 6/6 acupuncture sessions before with symptom reduction from VAS 3-4/10 to 1-2/10 and medication intake reduction: Norco was discontinued...range of motion of the cervical spine was decreased by 20% with flexion and 10% with extension...patient is working full duties (no intolerance noted)...patient continues to have residual neck and bilateral shoulder pain...reports a slight increase of the neck pain... The patient presents chronic, residual pain of unreported level, taking medication without intolerance noted, working full duties without intolerance reported, and no functional-ADLs deficits were documented. Also, the patient is undergoing an independent exercise program to address his condition without flare ups documented. As there is no evidence of significant, objective functional-ADLs deficits or intolerance to medication which is essential to establish the reasonableness of requesting additional care, the request for additional acupuncture is not supported for medical necessity.