

Case Number:	CM13-0051346		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2012
Decision Date:	03/12/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 pain reportedly associated with an industrial injury of March 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and acupuncture over the life of the claim; and reported return to restricted duty work. In a utilization review report of October 31, 2013, the claims administrator denied a request for additional acupuncture, citing outdated 2007 MTUS Guidelines, it is incidentally noted. The applicant's attorney subsequently appealed. In an office visit of July 24, 2013, the applicant apparently presented with persistent shoulder, mid back, neck and upper back complaints. She is status post corticosteroid injection therapy; it was stated, on June 21st. The applicant was on Norco and Lidoderm patches. The applicant's BMI is 21. Tenderness and limited shoulder range of motion were noted with flexion and abduction in the 90- to 100-degree range. Additional physical therapy and acupuncture were sought while the applicant was returned to work with a 35-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Acupuncture outpatient visits for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 sessions of acupuncture exceeds the recommended treatment duration in MTUS 9792.24.1.c.1, which states that the time needed to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the attending provider is seeking treatment in an overall amount twice that recommended by the MTUS. No rationale for the same was proffered. Since no applicant-specific rationale was proffered so as to try and offset the MTUS Guideline, the request remains non certified, on independent medical review, particularly since partial certifications are not permissible through the IMR process.