MAXIMUS Federal Services

Case Number:	CM13-0054408		
Date Assigned:	12/30/2013	Date of Injury:	09/10/2007
Decision Date:	10/08/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/19/2013

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 Licensed in Acupuncture and is licensed to practice in Florida. He/she has been inactive 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 patient is a 49-year-old female who sustained multiple injuries on 9/10/07, but stated in the medical records that she had been suffering from pain since early 1982. She is currently diagnosed with traumatic musculoligamentous sprain/strain of the cervical spine with spondylosis with 3.1 mm disc at C6-7, disc at C5-6 level; right shoulder arthroscopic examination and surgery with decompression and debridement with residuals; impingement syndrome of the right shoulder; subacromial bursitis; acromioclavicular arthritis; and status post arthroscopic decompression with resection of the distal clavicle. The patient received approximately 6 acupuncture sessions. She is using medication twice a day and has had numerous physical therapy sessions. Per MTUS guidelines 9792.24.1 acupuncture medical treatment guidelines state that the time to produce a functional improvement is 3 to 6 treatments, 1 to 3 times a week for an optimum duration of 1 to 2 months. The patient received 6 treatments in the past; however, the documentation from the provider does not adequately detail the therapeutic results. The medical necessity for the requested 6 acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, three times per week for two weeks (six sessions total): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The patient is a 49-year-old woman that sustained work related injuries in 2007 but had complained of pain since the 1980's. In 2007 she had been diagnosed with Cervical disc herniation without nerve compression; rotator cuff syndrome, right shoulder; medial epicondylitis, right elbow; lateral epicondylitis, right elbow; carpal tunnel syndrome, bilateral wrists; and bursitis of the bilateral wrist or hands. She received approximately 6 physical therapy sessions and injections in November 2007. She is currently diagnosed with traumatic musculoligamentous sprain/strain of the cervical spine with spondylosis with 3.1 mm disc at C6-7, disc at C5-6 level; right shoulder arthroscopic examination and surgery with decompression and debridement with residuals; impingement syndrome of the right shoulder; subacromial bursitis; acromioclavicular arthritis; and status post arthroscopic decompression with resection of the distal clavicle. Medical records from October 2013 reveal aftercare for surgery of the right shoulder, and had completed an additional 24 physical therapy sessions. The records indicate that the patient received acupuncture treatment in the past for cervical spine pain; however, there is a lack of documentation of the patient's progress. She is taking Norco twice daily and was encouraged to do home Codeman exercise program. Per MTUS guidelines 9792.24.1 Acupuncture medical treatment guidelines state that the time to produce a functional improvement is 3 to 6 treatments, 1 to 3 times a week for an optimum duration of 1 to 2 months. The patient's medication has not been reduced, nor is it not tolerated. Furthermore, there is no evidence of functional improvement with the previous acupuncture treatments, which is required to extend treatment (MTUS 9792.20-9792.26).