

Case Number:	CM13-0058008		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2013
Decision Date:	03/12/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/23/2013

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 Chiropractic and 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 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 injured worker is a 54 year old female who reported neck, upper/lower back and bilateral shoulder pain from injury sustained on 1/25/23. Patient was driving with 2 clients in the car when she was rear-ended. X-rays of cervical and thoracic spine which revealed straightening of lordosis in the cervical spine, otherwise negative. MRI dated 4/22/13 revealed adhesive capsulitis and tendinitis. Patient was diagnosed with Lumbar strain, shoulder strain, neck sprain/strain, thoracic sprain/ strain, complete rupture of rotator cuff, adhesive capsulitis and Rotator cuff syndrome. Patient was treated with extensive Physical Therapy, medication, chiropractic, cortisone injection and Acupuncture. Patient had unknown number of Acupuncture visits. Per notes dated 12/9/13 patient has pain from 4/10-6/10, "Acupuncture helped in the past". Acupuncture progress notes were not provided. Patient hasn't had any long term symptomatic or functional relief with Acupuncture care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits acupuncture to the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Cervical> and <https://www.acoempracguides.org/Low Back> <https://www.acoempracguides.org/Shoulder>

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per 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: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Per documentation patient has had prior Acupuncture visits, unknown number of visits. Per notes "acupuncture has helped in the past"; however, there is no objective functional improvement noted. Per 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, performed and documented as part of evaluation and management visit billed under the OMFS; and a reduction in the dependency on continued medical treatment. Per review of evidence and guidelines Acupuncture X6 is not medically necessary.