

Case Number:	CM13-0060668		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2010
Decision Date:	03/25/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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 58 year old male who reported shoulder pain from injury sustained on 8/27/10 due to cumulative trauma. Patient was diagnosed with sprain/strain of unspecified site of the shoulder and upper arm. Patient has been treated with medication, psychiatric counseling and acupuncture. Per notes dated 2/6/13, "since his last visit he had had acupuncture session, which have benefitted him somewhat with regards to shoulder". Per notes dated 10/30/13, "no significant changes since prior visits in symptoms, additional acupuncture to restore baseline status". There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. He hasn't had any long term symptomatic or functional relief with acupuncture care as he continues to have pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture 6 visits, for right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 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". In this case, patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Guidelines define functional improvement as either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. After a review of evidence and guidelines, 6 acupuncture treatments are not medically necessary or appropriate.