

Case Number:	CM13-0064490		
Date Assigned:	01/03/2014	Date of Injury:	01/20/2010
Decision Date:	08/26/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	12/11/2013

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, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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:

The purpose of this review is consider necessity for 6 acupuncture sessions between 11/27/13 and 1/11/14 for bilateral upper extremities. The applicant is a male employee who has filed an industrial claim for injuries that occurred on 1/20/10. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of neck, and bilateral upper extremity pain. As of 11/26/13, the primary treating physician requested an additional six sessions of acupuncture to treat his pain and to reduce some of his symptoms. The applicant's current diagnosis consists of bilateral shoulder arthropathy and post-operative bilateral carpal tunnel release. Treatment to date includes, but is not limited to, acupuncture, chiropractic and physical therapy sessions, injections, x-rays, pain and anti-inflammatory medications. In the utilization review report, dated 11/30/13, the UR determination did not approve the additional six sessions of acupuncture in light of functional improvement of MTUS guidelines. The applicant received four prior acupuncture sessions and the notes provided indicate no change in the applicant's pain level or his work restrictions. In addition, the records do not convey any specific functional improvements. Therefore, the advisor denied the additional request for these six acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Sessions x 6 to both upper extremities (BUE) only: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Acupuncture Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the record, this claimant remained at a pain level of 7/10 after initial acupuncture services were already performed. MTUS acupuncture medical treatment guidelines state that the time to produce a functional improvement is 3 to 6 treatments, 1 to 3 times per week for an optimum duration of 1 to 2 months. Treatment had already been provided in this case. Although MTUS guidelines suggest that treatment may be extended if functional improvement is documented, there is no indication of functional improvement and his work restrictions remain unchanged. Therefore, the request for additional acupuncture treatment x 6 is not medically necessary and appropriate.