

Case Number:	CM13-0068683		
Date Assigned:	01/03/2014	Date of Injury:	06/11/2011
Decision Date:	06/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 Chiropractic Medicine, has a subspecialty in 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 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 injured worker is a 50 year old female who reported headaches, neck, bilateral shoulder pain from injury sustained on May 11, 2011 after she hit her head on a door. Arthrogram of left shoulder revealed supraspinatus and subscapularis tendinosis and osteoarthritis changes of the acromioclavicular joint. Patient was diagnosed with headaches; shoulder impingement; temporomandibular joint disorder. Patient was treated with medication; chiropractic and physical therapy. Per notes dated September 14, 2013, patient states pain is 6-7/10 after medication intake, primarily in her head, neck, left shoulder and left leg. Per medical notes dated November 13, 2013, the patient complained of continuous headaches. She is unable to drive due to confusion and cognitive impairment. Patient has tried acupuncture treatment and it alleviated the tension in her neck and bilateral shoulder. Examination revealed tenderness to palpation and limited range of motion. Primary treating physician is requesting twelve acupuncture sessions of which utilization reviewer modified it to 6 sessions per guidelines. There is no assessment in the provided medical records of functional efficacy with prior care. Patient hasn't had any long term symptomatic or functional relief with care. Patient continues to have pain and flare-ups and remains out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 X 4 FOR THE NECK, BILATERAL SHOULDERS AND LEFT LEG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical treatment Guidelines, "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". Patient has had prior acupuncture treatment. Utilization reviewer modified the request from twelve visits to six which is within guidelines. Requested visits exceed the quantity of visits supported by the cited guidelines. According to the Acupuncture Treatment Guidelines, three to six treatments are sufficient to reduce symptoms. Additional visits may be rendered if the patient has documented objective functional improvement. 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. The request for acupuncture for the neck, bilateral shoulders and left leg, three times weekly for four weeks, is not medically necessary or appropriate.