

Case Number:	CM13-0069882		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2012
Decision Date:	04/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 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 male reported left shoulder pain from injury sustained on 10/3/12. Patient picked up a bag while working as a cashier and felt sharp pain and tingling in the left shoulder. MRI of the left shoulder revealed supraspinatous tendinosis and acromioclavicular joint arthropathy. Patient was diagnosed with strain to left shoulder and arm with internal derangement. Patient has been treated with medication, physical therapy and acupuncture. Acupuncture progress notes were not included in medical records. Per utilization review, 12 acupuncture sessions were authorized from 10/17/13- 12/17/13. Per notes dated 11/12/13, patient continues to have pain in shoulder, particularly with overhead activities; he still has weakness; plan is to complete acupuncture treatment. Treating physician is recommending 12 additional acupuncture visits. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient 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:

The request for acupuncture therapy two (2) times a week for six (6) weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the 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". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.