

Case Number:	CM13-0070836		
Date Assigned:	01/08/2014	Date of Injury:	03/23/2012
Decision Date:	06/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational Medicine 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:

This patient has reported the gradual onset of right shoulder and extremity pain attributed to usual work activity, with the date of injury listed as 3/23/12. Diagnoses have included myofascial pain, carpal tunnel syndrome, tendinitis, shoulder impingement, and spine strain. Treatment has included physical therapy, eight acupuncture sessions, medications, and shoulder surgery in September 2012. Six acupuncture sessions were certified as of 6/29/13. The 10/28/13 report does not discuss specific functional improvement. Work status was "temporarily totally disabled". On 11/27/13 the treating physician noted ongoing 7/10 pain. There was no description of functional improvement. Work status was "temporarily totally disabled". That report states that acupuncture is discontinued as it no longer provides relief. An authorization request from 12/2/13 is for 8 more acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4 WEEKS FOR RIGHT SHOULDER AND RIGHT THUMB:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the previously certified acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker remains on "temporarily totally disabled" status, which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including acupuncture. There is no evidence of a reduction in the dependency on continued medical treatment. The medical report of 11/27/13 states that acupuncture is ineffective and is discontinued. It is not clear why the treating physician has subsequently requested acupuncture when his report states that it is ineffective. Therefore, the request for acupuncture 2x4 weeks for right shoulder and right thumb is not medically necessary and appropriate.