

Case Number:	CM14-0002700		
Date Assigned:	01/29/2014	Date of Injury:	09/27/2010
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 applicant is a female employee who has filed an industrial claim for neck pain radiating down into the upper extremities. Gradually, her condition worsened and moved into her lumbar spine and lower extremities. In August 2012, the applicant underwent right shoulder surgery to repair impingement and multiple tears in her bicipital tendon, rotator cuff, and labrum. The applicant has chronic pain and diagnosed with Pain Disorder with Psychological Factors. A request for Psychotherapy twice per month for forty-five days (45) submitted too. The injury occurred on 9/27/10 when a cabinet fell off the wall and hit her in the head and face. Treatment to date includes but not limited to; orthopedic, acupuncture, physical therapy, cardio (aqua) therapy, stress reduction techniques, traction, cervical and lumbar epidural steroid injection and viscoelastic injections and brace for her left knee. Applicant is on modified work duty with restrictions, as of Oct 2013 and as of 9/30/2013 she has Permanent and Stationary status. In the utilization review (UR) report, dated 12/30/13, the UR determination did not approve additional forty-five (45) sessions of acupuncture since the applicant received prior acupuncture treatments stating that "no objective quantitative gains such as changes in range of motion, strength or function were noted to substantiate the additional request at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE PER WEEK FOR 45 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: A request for additional acupuncture is considered based on the MTUS Guidelines recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture (actual quantity unknown) approved based on these guidelines. Medical necessity for any further acupuncture treatment is in light of "functional improvement". After combing through provided medical records, it is evident that the treating physician's documentation lacks clinically significant improvement in the applicant's daily living activities or a reduction in work restrictions. According to the clinical notes dated September 2013, the applicant is Permanent and Stationary and has reached maximum medical improvement. Furthermore, if this request were considered an initial course, the guidelines recommend a trial of 3-6 visits as time to produce "functional improvement". Forty-five (45) visits significantly exceed the MTUS recommendations. Therefore, these additional forty-five sessions of acupuncture therapy is not medically necessary..