

Case Number:	CM14-0004226		
Date Assigned:	02/05/2014	Date of Injury:	08/24/2011
Decision Date:	07/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 a 67 year old male who reported right shoulder pain from injury sustained on 08/24/11 due to a trip and fall. Patient is diagnosed with partial thickness tear of rotator cuff; AC joint impingement; Osteoarthritis and status post right shoulder arthroscopy. Patient has been treated with medication; injection and arthroscopic surgery and open rotator cuff repair of the right shoulder. Per notes dated 11/22/13, patient complains of continues pain in the right shoulder. He has difficulty sleeping on the right shoulder. He has marked aching in the right shoulder; after 20 minutes of use he has increased pain. Per notes dated 12/23/13 patient complains of tenderness over the anterior lateral acromion with decreased range of motion. Per medical notes dated 11/22/13, primary treating physician is requesting 12 visits of initial course of acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 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 hasn't had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is reduced and not tolerated which was not documented in the medical records. Per medical notes dated 11/22/13, primary treating physician is requesting 12 visits of initial course of acupuncture. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. 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. Therefore, the request for acupuncture is not medically necessary.