

Case Number:	CM14-0006129		
Date Assigned:	02/07/2014	Date of Injury:	02/01/2013
Decision Date:	07/16/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old female who sustained an injury to her right shoulder on 02/01/13. The mechanism of injury is not documented. Physical examination noted right shoulder range of motion and positive rotator cuff impingement; decreased strength; deep tendon reflexes 2/2 for biceps, triceps and brachioradialis; motor strength 5-/5; light touch sensation present in the bilateral upper extremities; multiple myofascial trigger points at the right shoulder and cervical muscle girdle. MRI revealed minimal endplate ridging at multiple levels without spinal canal stenosis; mild left sided foraminal narrowing at C4-5 and C5-6 and moderate narrowing at C6-7 due to prominence of the facet and uncovertebral joints. The injured worker was diagnosed with right shoulder sprain/strain, rotator cuff tear with bursitis/tendonitis and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO ACUPUNCTURE(AP) 2 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for electro acupuncture 2 x 4 is not medically necessary. The previous request was denied on the basis that the clinical information provided did not meet preliminary guidelines. The records indicate that treatment to date has included light duty, medications, physical therapy, cortisone injection and previous acupuncture treatment. The Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There was no information provided that would indicate the amount of acupuncture visits the injured worker has completed to date or the injured worker's response to any previous acupuncture therapy treatment. Given the clinical documentation submitted for review, medical necessity of the request for electro acupuncture 2 times 4 has not been established. Therefore is not medically necessary.