

Case Number:	CM14-0008750		
Date Assigned:	02/12/2014	Date of Injury:	05/27/2011
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/22/2014

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 licensed 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 male employee who has filed a claim for an injury to his neck, right shoulder, low back and bilateral knees. As per the treating physician on 11/11/13, he diagnosed his patient with right shoulder impingement syndrome, labral tear and rotator scuff syndrome. His lower back diagnosis is a lumbar spine spondylosis and sprain/strain. His right knee diagnosed with internal derangement. Reported is decreased range of motion for his cervical and lumbar spine, as well as his right shoulder and bilateral knees. The applicant at work injured himself while descending stairs in April, 2011. However, the original mechanism of injury is unclear. His date of injury occurred on 5/27/11. Since then, the applicant's treatments consisted of the following: neurological consults, orthopedic care, physical therapy, cortisone injections, Home H-wave therapy, acupuncture, and topical, oral pain and anti-inflammatory medication. Diagnostically, he obtained multiple MRI's, X-rays, and CAT Scans of the aforementioned areas; all positive for multiple conditions. As of 11/11/13, his doctor requested authorization for four acupuncture sessions necessary to reduce pain and decrease the need for oral medication. In the utilization review report, dated 1/7/14, the UR determination did not approve these four sessions of acupuncture care since the medical records indicate the applicant received prior acupuncture sessions without evidence of the quantity and the functional response to such treatments documented. Therefore, the additional acupuncture care was determined not medically necessary by the physician advisor.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 SESSIONS OF ACUPUNCTURE FOR THE CERVICAL SPINE, RIGHT SHOULDER AND LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through over 600 pages of provided medical records, it is evident that the treating physician neglected to provide clinically significant improvement in the applicant's daily living, or a reduction in work restrictions. To note, the applicant remains on temporary total disability from 2012 to date, with insignificant change to his work restrictions due to this course of treatment. Therefore, these additional four sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.