

Case Number:	CM14-0103321		
Date Assigned:	09/16/2014	Date of Injury:	09/05/2007
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 45 year old male who reported left shoulder pain from an injury sustained on 09/05/07 while he was tugging a hose that was stuck. MRI of the left shoulder revealed sub-acute superior labral tear from anterior to posterior tear. The patient is diagnosed with shoulder pain. The patient has been treated with cortisone injection, medication, acupuncture and physical therapy. Per medical notes dated 08/20/13, the patient has undergone conservative and invasive treatments with cortisone injections, medication, chiropractic and acupuncture with some suboptimal benefits. He continues to have pain in the left side of neck and left shoulder blade. He describes it as feeling stiff. The patient states she finished acupuncture couple of days ago and it provided greater than 50% relief but was temporal. The request is for additional 2x3 acupuncture sessions for the left shoulder. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 times a week times a 3 weeks for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Shoulder-Acupuncture

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." The patient has had prior acupuncture treatment. Most recent medical notes were dated 08/20/13; medical notes which were used for the utilization review were not provided for the IMR. Per medical notes dated 08/20/13, the patient has undergone conservative and invasive treatments with cortisone injections, medication, chiropractic and acupuncture with some suboptimal benefits. He continues to have pain in the left side of neck and left shoulder blade. He describes it as feeling stiff. Patient states she finished acupuncture couple of days ago and it provided greater than 50% relief but was temporal. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional acupuncture 2x3 treatments is not medically necessary.