

Case Number:	CM14-0104135		
Date Assigned:	07/30/2014	Date of Injury:	10/21/2011
Decision Date:	09/30/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 49 year old female who reported bilateral shoulder/arm, left knee and bilateral upper extremity pain from injury sustained on 10/21/11. MRI of the left shoulder revealed severe tendinosis, intratendinous degenerative changes and a partial thickness tear of the supraspinatus tendon consistent with a partial rotator cuff tear. Patient is diagnosed with rotator cuff sprain/strain; carpal tunnel syndrome and unspecified internal knee derangement. Per medical notes dated 03/04/14, patient complains of right shoulder pain rated at 7/10, right wrist pain 3/10, left shoulder pain rated at 7/10, left wrist pain rated at 7/10, right knee pain rated at 2/10, left elbow pain rated at 7/10, left knee pain rated at 7/10 and low back pain rated at 7/10. Per medical notes dated 04/11/14, patient returns after right shoulder surgery. Patient has very good range of motion, which is relatively painless. There is still some discomfort in the right shoulder but it is minimal. Patient is having increased pain in the left shoulder. Primary treating physician is requesting initial trial of 12 post-op acupuncture treatments for the left shoulder. 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:

Initial 12 post-operative acupuncture to the left shoulder, without stimulation 15 minutes:
Upheld

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

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 has not had prior Acupuncture treatment. Provider is requesting initial trial of 12 post-op acupuncture sessions for the left shoulder. Acupuncture can be used as an adjunct to physical rehab and surgical intervention to hasten function recovery; however, per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.