

Case Number:	CM14-0105953		
Date Assigned:	07/30/2014	Date of Injury:	02/17/2011
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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 48-year-old female who reported an injury on 02/17/2011. The mechanism of injury was not documented in the submitted report. The injured worker has a diagnosis of right shoulder strain. The injured worker's past treatment includes physical therapy, acupuncture, and medication therapy. An MRI of the shoulder revealed that the injured worker had supraspinatus partial tear. The date was not documented on submitted reports. The injured worker complained of arm pain that had been increasing in the shoulder and in the arms. She also stated that the pain was aching, burning, and numbing. There were no measurable pain levels documented in the submitted report. It was noted that acupuncture was helping with her pain. Physical examination dated 06/20/2014 revealed that the injured worker's deep tendon reflexes were intact throughout. Shoulder exam revealed decreased range of motion of the right shoulder in all planes of motion. There was decreased motion especially with abduction and internal rotation with pain. The Neer's and Hawkins tests were positive on the right greater than the left. The injured worker's medications include atenolol 25 mg 1 tablet once a day, Prilosec 40 mg 1 capsule a day, aspirin 81 mg 1 tablet a day, biotin 5 mg 1 tablet a day, vitamins, tramadol 50 mg 3 times a day, and Mediderm cream 0.0325/5/20. The treatment plan is for 8 sessions of acupuncture. The rationale submitted is that the provider would like to have the injured worker continue acupuncture because it seemed to be helping with the injured worker's pain levels. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, eight (8) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Progress note dated 06/20/2014 revealed that the injured worker had previous sessions of acupuncture. It was noted that it was helping the injured worker with her pain. However, there was no submitted report stating what the outcomes of the acupuncture sessions were. There was no documentation stating what the injured worker's pain levels were before, during, and after the sessions of acupuncture. There was also no documentation showing whether the acupuncture helped with any functional deficits the injured worker might have had. No assessments were submitted for review. It is stated in the guidelines that functional improvement is visible within the first 3 to 6 treatments and acupuncture may be extended if functional improvement is documented, including either a clinical significant improvement in activities of daily living or a reduction in work restrictions. There was no such evidence supported in the review submitted. Furthermore, the submitted request did not specify which part of the body would be receiving the acupuncture therapy. As such, the request for acupuncture 8 sessions is not medically necessary.