

Case Number:	CM14-0108358		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2012
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 51 year old female who reported right shoulder pain from injury sustained on 06/12/12. She was about to pull a door when a co-worker pushed it towards her. Electrodiagnostic study (2013) revealed mild carpal tunnel syndrome. MRI (2012) of the right shoulder revealed full thickness supraspinatus tendon tear, associated reactive subdeltoid and subacromial bursitis; prior acromioplasty and degenerative fraying of superior labrum. Patient is diagnosed with joint pain- upper arm. Patient has been treated with rotator cuff surgery (12/13/13); medication; injection; physical therapy and Acupuncture. Per medical notes dated 06/10/14, patient complains of right shoulder pain. Pain level has remained unchanged since last visit. Quality of sleep is poor. Activity level has remained the same. She had acupuncture before her surgery and had good relief. Pain is rated at 9/10 and states it's hard to drive. Per medical notes dated 07/08/14, patient has increased pain since last visit, quality of sleep is poor. Activity level remained the same. Per medical notes dated 07/29/14, patient is having ongoing right shoulder pain and she has a painful arc of motion. Provider is recommending 12 acupuncture treatments which were modified to 4 treatments per guidelines. 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:

12 acupuncture session for the right shoulder.: 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 had prior acupuncture treatment. Per medical notes dated 06/10/14, she had acupuncture before her surgery and had good relief. Provider is recommending 12 acupuncture treatments which were modified to 4 treatments. 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. Additionally requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Per guidelines 3-6 treatments are supported to provide functional improvement; additional visits may be administered if the patient reports 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, 12 Acupuncture Treatments are not medically necessary.