

Case Number:	CM14-0011171		
Date Assigned:	02/21/2014	Date of Injury:	11/20/2003
Decision Date:	06/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/21/2014

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 female, employed by [REDACTED] and [REDACTED] who has filed a claim for an industrial injury to her neck, shoulders, and bilateral upper extremities. Applicant is post-operative status from cervical spine fusion and Carpal Tunnel Release surgery of the left hand and continues to experience sharp pain and swelling in the hand. The mechanism of injury not provided. Since this incident on 11/20/03, the applicant had surgery multiple MRI's and x-rays of cervical spine, and bilateral shoulders and multiple epidural steroid injections to her cervical spine. She currently utilizes pain, anti-inflammatory and muscle relaxant mediations including oral and compound topical medications. No other clinical documentation provided for chiropractic, physical therapy, or prior acupuncture treatments. It is unclear if the applicant has received such treatments. As of 1/21/14, date of the utilization review determination, the claims administrator denied acupuncture treatment stating acupuncture based on MTUS guidelines is used if the patient does not tolerate medication, in conjunction with physical rehabilitation program or to hasten recovery from surgery. There is no documentation stating the applicant does not tolerate medication and/or involved in rehabilitation mode of care; additionally no functional deficits documented pertaining to the shoulder. Therefore, according to the MTUS guidelines and due to the lack of clinical information, the claims administrator denies this request for twelve sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X12 BILATERAL SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently, the applicant does not have an intolerance to medication, it is not clinically evident she is involved in a rehabilitation program currently or is there sufficient clinical data pertaining to actual shoulder deficits to warrant acupuncture for the shoulder. Therefore, according to the MTUS guidelines 9792.24.1.1 acupuncture is not medically necessary for this applicant.