

Case Number:	CM14-0013054		
Date Assigned:	02/24/2014	Date of Injury:	03/04/2007
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 employee who has filed a claim for an injury to her cervical spine and right shoulder with chronic myofascial pain. The incident occurred on the job on 3/4/07. The mechanism of injury is not specified in the records I reviewed. The applicant is status-post arthroscopic decompression and debridement surgery of the right shoulder on 11/28/07. Her current diagnoses consist of right shoulder impingement syndrome, right neck radiculopathy, and myofascial pain syndrome. On 1/16/14, the physician submitted a request for an additional twelve acupuncture treatments. Since the incident, the applicant's treatment consisted of, but not limited to orthopedic, physical therapy, at least six prior acupuncture treatments, cortisone injections, pain and anti-inflammatory medications, Lidoderm patches, cervical pillow and H-Wave therapy. In the utilization review report, dated 1/23/14, the UR determination was unable to approve these twelve acupuncture sessions in light of "functional improvement", defined by MTUS guidelines. The applicant reported a 30% overall improvement with her condition after the previous six acupuncture sessions. However, documented is she increased her medications and no clinically significant improvement of activities of daily living or a reduction in work restrictions documented. Therefore, the physician adviser did not certify the request of twelve additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant has permanent and stationary status since September 2008. Her work status did not change due to this course of treatment. Furthermore, if the current acupuncture prescription were considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement. Therefore, these additional twelve exceed the recommended frequency and is not medically necessary based on such, and lack of functional improvement, as defined by MTUS.