

Case Number:	CM14-0110381		
Date Assigned:	08/01/2014	Date of Injury:	01/16/2014
Decision Date:	10/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/15/2014

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 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:

This is a 49 year old female with a 1/16/14 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/17/14 noted subjective complaints of neck and shoulder pain. Objective findings included decreased ROM bilateral shoulders and tenderness of bilateral shoulders. Diagnostic Impression: cervical strain, bilateral shoulder tendonitis and impingement. Treatment to Date: chiropractic, medication management. A UR decision dated 6/12/14 denied the request for acupuncture. The limited, sparse, and handwritten documentation does not establish any other evidence of functional improvement with earlier acupuncture treatment (if any).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (Duration, Frequency, Body Part Unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 114

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, it is unclear whether the patient has had prior acupuncture sessions, and if so, what objective benefit has been achieved. Additionally, the body part, frequency, and number of requested sessions are not noted. Therefore, the request for Acupuncture (duration, frequency, body part unknown) is not medically necessary.