

Case Number:	CM14-0121384		
Date Assigned:	08/06/2014	Date of Injury:	09/16/2008
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Board Certified 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 male employee who has filed an industrial claim for bilateral shoulder injury that occurred on 9/16/08. Mechanism of injury is caused by pulling wire. On 7/14/14, the primary treating physician requested eight additional sessions of acupuncture without electric stimulation to treat his persistent pain and to reduce some of his symptoms, specifically with his left shoulder. The applicant received prior acupuncture and stated it gave some relief. His treatment to date includes, but is not limited to, status post total left shoulder replacement and right shoulder impingement arthropathy, MRI's, acupuncture, corticosteroid injection, oral and topical pain and anti-inflammatory medications, and physical therapy. In the utilization review report, dated 7/21/14, the UR determination did not approve the eight sessions of acupuncture in light of "functional improvement," as defined by MTUS. The advisor indicated the applicant received prior acupuncture treatments, but the applicant's most recent clinical progress notes failed to provide any evidence of sustainable functional improvements, therefore, the advisor did not certify these eight additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines specified in Division of Workers' Compensation, Title 8 regulations, Chapter 4.5 Subchapter 1, Article 5.5.2.

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 four 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. His work status did not change due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy, based on the lack of functional improvement, as defined by MTUS this request is not medically necessary.