

Case Number:	CM14-0122147		
Date Assigned:	08/06/2014	Date of Injury:	03/20/2009
Decision Date:	09/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in 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 60 year old female who reported bilateral shoulder pain from injury sustained on 03/20/09. Mechanism of injury is not documented in the provided medical records. MRI (11/20/13) of the left shoulder revealed moderate degenerative hypertrophic changes in the acromioclavicular joint with anterior and inferior down-sloping acromion; severe supraspinatus tendinosis with partial thickness labral surface tear; small partial-thickness tear with infraspinatus tendinosis with partial thickness labral surface tearing; severe tendinosis of long head of biceps and degenerative hypertrophic changes of AC joint. Patient is diagnosed with chronic pain syndrome; rotator cuff rupture; status post shoulder surgery; bicipital tenosynovitis. Patient has been treated with shoulder surgery, medication, physical therapy and acupuncture. Per medical notes dated 07/14/14, patient continues to have pain in the left shoulder. She also notes increase in her right shoulder pain. She has decreased right shoulder rotation and abduction with moderate subacromial tenderness. Left shoulder has mild decreased abduction with moderate subacromial tenderness. She has had acupuncture a year ago which provided 50% relief. Per medical notes dated 08/22/14, she continues to have significant pain of her shoulders. Pain is rated a 5-6/10. She is taking pain medication which decreases her symptoms by 50% but temporarily. Provider is requesting additional 6 acupuncture 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Acupuncture 2x Week x 3 Weeks Bilateral Shoulders: 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 indicate 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. The patient has had prior acupuncture treatment. Provider is requesting additional 6 acupuncture treatments. Per medical notes dated 07/14/14, she has had 12 acupuncture treatments a year ago which provided 50 % relief. Previous acupuncture progress notes were not submitted for review. 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. 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, 2x3 Acupuncture Treatments are not medically necessary.