

Case Number:	CM14-0127376		
Date Assigned:	09/23/2014	Date of Injury:	07/13/2009
Decision Date:	11/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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 56 year old female who reported neck, low back, bilateral upper extremity and bilateral lower extremity pain from injury sustained on 07/13/09. Mechanism of injury was not documented in the provided medical records. MRI of the left shoulder dated 03/18/14 revealed delaminating tear of infraspinatus tendon with a background of tendinosis. MRI of the right shoulder dated 05/04/10 revealed severe tendinopathy with a partial thickness infraspinatus tear. MRI of the cervical spine dated 03/04/14, revealed mild straightening of cervical lordosis; effacement of anterior thecal sac at C3-4, C4-5, C5-6 and C6-7, at C4-5 a 2 mm left paracentral disc protrusion. Injured worker is diagnosed with left shoulder bursitis, left shoulder pain, right carpal tunnel syndrome and lumbar spine radiculopathy. Per medical notes dated 07/01/14, injured worker complains of ongoing upper extremity pain in left shoulder, arm, head, and right hand pain. Pain is worse with activity. Pain is unchanged since the last visit. Injured worker has completed prior acupuncture and reported improved pain control and functional improvement. Examination revealed decreased range of motion with popping sensation. Per medical notes dated 08/26/14, injured worker complains of neck pain radiating down bilateral upper extremities. Injured worker complains of low back pain radiating down bilateral lower extremity. Pain is rated at 3/10 with medication and 7/10 without medication. Pain is unchanged since her last visit. Injured worker has increased pain with flexion, extension and rotation and tenderness to palpation. Injured worker has had prior acupuncture visits; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Additional Acupuncture for The Right Wrist for 4 Visits, as an Outpatient: 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 Official Disability Guidelines (ODG)

Decision rationale: Per MTUS- Acupuncture Medical treatment Guidelines page 8-9. "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". Injured worker has had prior acupuncture treatment. Per medical notes dated 07/01/14, "injured worker has completed prior acupuncture and reported improved pain control and functional improvement". 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for wrist pain. Per review of evidence and guidelines, additional 4 acupuncture treatments are not medically necessary.