

Case Number:	CM14-0129721		
Date Assigned:	08/20/2014	Date of Injury:	05/10/2014
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/14/2014

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 50 year old male who reported right shoulder and low back pain from injury sustained on 05/10/14 while pulling equipment from the fire truck. X-rays of the thoracic spine revealed no acute findings. X-rays of the lumbar spine revealed no acute findings. MRI of right upper extremity revealed low grade partial-thickness tearing of supraspinatus tendon; moderate infraspinatus tendinosis; lateral down-sloping of type 1 acromion and trace subacromial subdeltoid bursa effusion. He is diagnosed with periarticular arthritis of left shoulder; rotator cuff tendinitis left shoulder; thoracic and lumbar strain with radiculopathy. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 07/18/14, patient complains of ongoing back and shoulder pain. Pain is rated at 5/10. Pain is moderately severe and is constant. Per medical notes dated 08/22/14, patient complains of left shoulder pain rated at 5/10, pain is dull. Per medical notes dated 08/14/14, patient's injury is the same. He feels that acupuncture, chiropractic and physical therapy were all helping his pain and function improve significantly, feels no improvement since additional acupuncture was denied. The request is for additional 6 acupuncture treatments which were denied due to lack of 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture x six (6) sessions left shoulder and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines pages 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". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.