

Case Number:	CM14-0131359		
Date Assigned:	08/20/2014	Date of Injury:	05/10/2012
Decision Date:	09/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 Licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 05/10/2012 due to a slip and fall while she was at work. The injured worker slipped on some orange peels that were on the floor. The injured worker has diagnoses of right shoulder tendonitis, right shoulder impingement, and sprain/strain of the cervical spine. Physical medical treatment consists of shockwave therapy, physical therapy, chiropractic manipulation, acupuncture, Therma-Cool system, the use of a TENS unit, and medication therapy. There are no current medications listed in the submitted report. NCV/EMG studies of the upper and lower extremities were done on the injured worker. On 08/04/2014, the injured worker complained of pain in the shoulder. Physical examination of the shoulder revealed a positive Hawkins sign. The injured worker had range of motion to the left abduction of 180, right 60 degrees. Forward flexion on the left was 180 degrees and 150 on the right. Left extension was 50 degrees and right extension was 20 degrees. Internal rotation was 90 degrees bilaterally, external rotation was 90 degrees bilaterally, and adduction was 50 degrees bilaterally. There was pain toward terminal range of motion of the right shoulder. Sensation was intact bilaterally. The treatment plan is for the injured worker to continue acupuncture therapy. The rationale was not submitted for review. The request for authorization form was submitted on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x4 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture 1x4 for weeks is not medically necessary. The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinical significant improvement in activities of daily living or a reduction in work restrictions. It was noted in the progress note dated 08/04/2014 that the injured worker had undergone acupuncture therapy. However, there was no submitted report stating what the outcomes of acupuncture were. There was no documentation stating what the injured worker's pain levels were before, during, and after the sessions of acupuncture. There was also no documentation showing whether the acupuncture helped with any functional deficits the injured worker might have had. It was not clear when the last session was performed or how many sessions have been completed to date. No assessments were submitted for review of sustained benefit. It is stated in the MTUS Guidelines that if functional improvement is visible within the first 3 to 6 treatments and acupuncture may be extended if functional improvement is documented, including either a clinical significant improvement in activities of daily living or a reduction in work restrictions. There was no such evidence supported in the review submitted. Furthermore, the request as submitted did not indicate what body part was going to be receiving the acupuncture therapy. As such, the request for Acupuncture 1x4 for weeks is not medically necessary.