

Case Number:	CM14-0157033		
Date Assigned:	09/30/2014	Date of Injury:	03/30/2009
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 and 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 69 year old male who reported left shoulder, neck and back pain from injury sustained on 03/30/09. Mechanism of injury was not documented in the provided medical records. MRI of the left shoulder revealed supraspinatus tear partial; acromion flat laterally sloping; AC joint osteoarthritis; infraspinatus tear partial; synovium effusion and subacromial/subdeltoid bursitis. Patient is diagnosed with left shoulder sprain, multiple disc protrusion, multilevel discogenic symptoms and status post right shoulder surgery. Patient has been treated with right shoulder injection and surgery, physical therapy, chiropractic, epidural injection and acupuncture. Per medical notes dated 07/23/14, patient complains of pain in the neck, thoracic spine, lumbar spine, bilateral shoulder rated at 10/10 and groin pain rated at 7/10. Pain is improved with medication and therapy. Per medical notes dated 08/21/14, patient complains of neck pain, thoracic pain, low back and bilateral shoulder pain rated at 10/10 and groin pain rated 7/10. Pain is improved with medication. Patient has had 24 acupuncture treatments; provider is requesting additional 8 treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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:

Eight (8) acupuncture therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, 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. "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. Per medical notes, patient has had 24 acupuncture treatments. Per medical notes dated 08/21/14, patient complains of neck pain, thoracic spine pain, low back pain and bilateral shoulder pain rated at 10/10; provider is requesting additional 8 acupuncture treatments. 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 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, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.