

Case Number:	CM14-0167342		
Date Assigned:	10/14/2014	Date of Injury:	12/09/2009
Decision Date:	11/17/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 37-year old female who reported neck and right upper extremity pain from injury sustained on 12/09/09 due to repetitive strain. There were no diagnostic imaging reports. Patient is diagnosed with repetitive strain injury of right upper extremity neck and thoracic pain, thoracic outlet syndrome neck pain, right shoulder tendonitis with impingement; possible low grade right upper extremity radiculopathy and chronic pain. Patient has been treated with medication, massage therapy and extensive acupuncture treatment. Per medical notes dated 04/28/14, patient complains of right shoulder, thoracic outlet syndrome and neck strain. She still has her dominant neck and right shoulder pain which increases with overhead work and reaching with her right shoulder. She gets frequent radiation down the right arm into the hand. Massage with conjunction with acupuncture helps her pain level decrease about 30-40% and she decreases medications. Pain level is 2/10 and increases to 8/10. Per medical notes dated 09/08/14, patient complains of upper back and neck, right upper extremity with weakness and she is evolving mid and right lumbar pain. She is motivated to continue with massage therapy and acupuncture to try to progress her condition. She is returning to some sort of work although on a limited bases. She feels her improvement has slowed or has plateau. Pain has decreased from 8/10 to 3/10, her medication has decreased. Provider is requesting additional 6-12 acupuncture treatments for neck and right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, one to two times a week for six weeks for the cervical and right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture 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 extensive acupuncture treatment. Per medical notes dated 09/08/14, patient complains of upper back, neck, and right upper extremity pain with weakness and she is evolving mid to right lumbar back pain. She is motivated to continue with massage and acupuncture to try to progress her conditioning. She feels her improvement has slowed or somewhat plateau. Pain has decreased from 8/10 to 3/10. Provider fails to document treatment goals. Patient has had extensive acupuncture treatment without significant objective functional improvement. Provider requested additional 6-12 acupuncture visits which exceed the quantity supported by cited guidelines. 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. Per review of evidence and guidelines, additional 6-12 acupuncture treatments are not medically necessary.