

Case Number:	CM14-0168331		
Date Assigned:	10/15/2014	Date of Injury:	08/26/2013
Decision Date:	12/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona and 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 61-year-old female who reported injuries due to repetitive heavy lifting on 08/26/2013. On 08/18/2014, her diagnoses included rotator cuff tear, strain of neck muscle, and, scar conditions and fibrosis of skin. Her complaints included right shoulder pain. It was aggravated with movement, and alleviated by rest. On examination, she had tenderness of the right anterior and posterior shoulder. She had full range of motion. She had a negative empty can and Hawkins impingement test. She had a right rotator cuff tear, which was surgically repaired on 11/27/2013. She then underwent right shoulder manipulation under anesthesia on 03/28/2014. It was noted that she was receiving physical therapy treatments, and had completed 5 acupuncture treatments, and had 1 session left. There was no documentation of decreased pain, or increased functional abilities due to her acupuncture treatment. It was noted that 6 additional acupuncture treatments had been approved, but she had changed acupuncturists and did not let them know about the authorization. She was unhappy with the previous acupuncturist because of bruising that showed up after the treatment. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional acupuncture sessions: 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 six additional acupuncture sessions is not medically necessary. The California MTUS Guidelines recommends that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. There was no evidence in the submitted documentation that this injured worker's pain medication was being reduced or was not tolerated. There was no time frame included in the request. Additionally, the body part or parts that were to have been treated were not specified. Therefore, this request for 6 additional acupuncture sessions is not medically necessary.