

Case Number:	CM14-0169184		
Date Assigned:	10/17/2014	Date of Injury:	12/06/2012
Decision Date:	11/24/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgery, 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 55 year old female with a date of injury on 12/6/2012. Injury occurred relative to cumulative trauma. Past surgical history was positive for right shoulder rotator cuff repair, date not specified. The 4/25/13 left shoulder magnetic resonance imaging (MRI) impression documented complete tear of the infraspinatus tendon with tendinous retraction, acromioclavicular osteoarthritis, and supraspinatus tendinitis. Records indicated that the injured worker had been prescribed 8 visits of acupuncture on 5/7/14 and 8/6/14. The 7/9/14 progress report indicated that she experienced some pain relief with acupuncture. The 9/5/14 treating physician handwritten progress report cited grade 3/10 neck and bilateral shoulder pain, grade 2/10 thoracic spine pain, and grade 4/10 low back pain with medications. Without medications, pain was reported grade 7/10 over the neck and shoulders, grade 5/10 over the thoracic spine, and grade 8/10 over the low back. A physical exam documented lumbar flexion 35 degrees with positive straight leg raise bilaterally. There was tenderness to palpation over the right rotator cuff muscles. The remainder of the findings and the diagnosis were illegible. The treatment plan recommended acupuncture 2x4, medications, functional capacity evaluation, pain management for a cervical epidural steroid injection, and referrals to general orthopedic, neurology, and psychology. Medications included Tramadol, Flexeril, and Omeprazole. The injured worker was off work. The 10/1/14 utilization review denied the request for acupuncture as there was no documentation of functional or analgesic benefit with prior treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3x Wk X 4wks Right Shoulder, Neck, Thoracic and Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. The optimum duration of acupuncture is 1 to 2 months. Guideline criteria have not been met. There is no clear documentation as to the amount of acupuncture treatment provided to this injured worker. Sixteen visits have been requested since 5/7/14. There is documentation of grade 3-4/10 pain reduction with the current medication regime. There is no documentation of a significant improvement in activities of daily living or reduction in work restriction, and reduction in dependence on continued medical treatment consistent with the guideline definition of functional improvement. In the absence of functional improvement, additional acupuncture treatments are not supported. Therefore, this request is not medically necessary.