

Case Number:	CM14-0169975		
Date Assigned:	10/20/2014	Date of Injury:	09/17/2013
Decision Date:	11/26/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a male employee who has filed an industrial claim for a right shoulder and elbow injury that occurred on 9/17/13. The mechanism of injury is unspecified in the records reviewed. Currently the patient complains of sharp, burning, and throbbing pain in his low back, neck, right shoulder and knee, and bilateral hip; some areas associated with numbness and tingling. The treating physician requested six sessions of acupuncture to treat his pain and to reduce some of his symptoms. Records indicate the applicant did not receive prior acupuncture treatment and continues to complain of constant pain brought on with movement and alleviated with lying down and resting. The applicant may return to work with restrictions. The applicant's diagnosis consists of shoulder joint pain, recurring depression psyche-severe, sprain rotator cuff, head injury not otherwise specified (NOS), lumbosacral spondylosis, rotator cuff rupture, lateral epicondylitis, and inguinal hernia. His treatment to date includes, but is not limited to, physical therapy sessions, MRIs, X-rays, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 10/9/14, the UR determination did not approve the six sessions of acupuncture determining the applicant has a worsening of his lower back with apparent inguinal discomfort. Certification for a medial branch block occurred on 10/8/14 and the determination was to wait and see the effects of such treatment to determine future acupuncture care. If acupuncture care were to commence, continuation of such treatment would be based on MTUS definition of functional improvement. Therefore, the advisor did not certify this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks to the right shoulder/elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating Initial acupuncture care is based on utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS recommends acupuncture is used as 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. Further acupuncture, beyond an initial trial depends upon "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to his medication, recent involvement in physical rehabilitation program or surgical intervention recently. Therefore, given the MTUS guidelines for acupuncture care detailed above, the request for six sessions of acupuncture is not medically necessary.