

Case Number:	CM14-0173738		
Date Assigned:	10/27/2014	Date of Injury:	07/12/2013
Decision Date:	12/22/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 64 year old female who reported neck, low back and left shoulder pain from injury sustained on 07/12/13. Mechanism of injury was not documented in the provided medical records. MRI of the left shoulder (prior to surgery) revealed partial thickness tear of supraspinatus tendon; infraspinatus and supraspinatus tendinosis and subchondral cyst within the humeral head. Patient is diagnosed with cervicgia, sprain of neck, sprain of lumbar region, shoulder joint derangement, lumbosacral sprain. Patient has been treated with medication, surgery of the left shoulder, chiropractic, physical therapy and acupuncture. Per acupuncture progress notes dated 08/25/14, patient complains of frequent moderate neck pain, upper/mid-back pain and left shoulder pain radiating to the left upper extremity with numbness and tingling. Examination revealed decreased range of motion of the neck, left shoulder and upper back; moderate spasms of the bilateral upper trapezius and +3TTP of acromioclavicular joint and posterior left shoulder was notes. Per medical notes dated 09/25/14, patient states acupuncture has helped and her left shoulder is better; she is able to do more activity with less pain. Provider requested additional 12 acupuncture sessions. 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:

Twelve (12) additional Acupuncture sessions to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS 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 dated 09/25/14, patient states acupuncture has helped and her left shoulder is better; she is able to do more activity with less pain. Provider requested additional 12 acupuncture sessions. 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 a 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.