

Case Number:	CM14-0176267		
Date Assigned:	10/29/2014	Date of Injury:	11/09/2012
Decision Date:	12/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 46 year old male who reported right shoulder pain from injury sustained on 11/09/12. Patient was helping to pull on a heavy piece of machinery when he noted onset of burning pain in the right shoulder. There were no diagnostic imaging reports. Patient is diagnosed with adhesive capsulitis, status post arthroscopic decompression. Patient has been treated with decompression surgery, medication, physical therapy and acupuncture. Per medical notes dated 09/19/14, patient reports his symptoms are essentially the same. Per Utilization Review (UR) appeal letter (undated) by the patient states that he was authorized 3 acupuncture sessions previously which helped to lessen the pain. Per appeal letter "I felt if I continued through I would be able to return to more intensive stretching I had been doing before". Patient has post -op complication of frozen shoulder since his shoulder surgery in 2013. Patient reported subjective improvement with acupuncture; however, three acupuncture visits for adhesive capsulitis would not produce significant functional changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder, 1-2 times per week for 3 weeks: Overturned

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 09/19/14, patient reports his symptoms are essentially the same. Per UR appeal letter (undated) by the patient states that he was authorized 3 acupuncture sessions previously which helped to lessen the pain. Per appeal letter "I felt if I continued through I would be able to return to more intensive stretching I had been doing before". Patient has post -op complication of frozen shoulder since his shoulder surgery in 2013. Patient reported subjective improvement with acupuncture; however, three acupuncture visits for adhesive capsulitis would not produce significant functional changes. Additional visits are medically necessary to improve function and increase range of motion due to the complications from his surgery. Per review of evidence and guidelines, the requested Acupuncture Treatments 1-2 times per week for 3 weeks are medically necessary.