

Case Number:	CM14-0177545		
Date Assigned:	10/31/2014	Date of Injury:	12/05/2011
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 35 year old female who reported neck and right shoulder pain from injury sustained on 12/05/11 while positioning a client with the help of 2 other co-workers when she felt a pop in the right shoulder. Electrodiagnostic studies revealed right C6-7 radiculopathy. Patient is diagnosed with cervical disc injury, C6-7 disc protrusion, right shoulder SLAP tear, status post right shoulder surgery, cervical strain, right shoulder strain, myofascial pain syndrome. Patient has been treated with right shoulder surgery, corticosteroid injection, physical therapy, massage therapy, manipulation and acupuncture. Per medical notes dated 09/23/14, patient has persistent neck and right arm pain with stiffness. Right shoulder pain with reaching and abduction. Examination revealed decreased range of motion of the cervical spine with tenderness to palpation. Per medical notes dated 09/25/14, patient complains of ongoing pain in her neck and right shoulder. Per medical notes dated 10/09/14, patient complains of neck and right shoulder pain with decreased range of motion. Provider requested additional 2X3 acupuncture treatments for neck and right shoulder. 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:

Electroacupuncture, Infrared Heat and Myofascial Release Twice A Week for 3 Weeks for The Neck and Right Shoulder: 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 complains of ongoing pain in her neck and right shoulder. Provider requested additional 6 acupuncture treatments for neck and shoulder. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. California MTUS Chronic Pain treatment guidelines do not address infrared therapy other national guidelines such as ODG do not recommend infrared. The treating physician has not offered an evidence-based medical justification that supports this treatment request. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.