

Case Number:	CM14-0177739		
Date Assigned:	10/31/2014	Date of Injury:	01/21/2010
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
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 Board Certified 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:

This is a 64 year old female patient with pain complains of her neck and right shoulder. Diagnoses included right shoulder calcific tendonitis, status post cervical fusion. Previous treatments included: surgery (cervical fusion), MUA (manipulation under anesthesia), oral medication, Lidoderm patches, physical therapy, acupuncture (eighteen prior sessions, benefits reported as "increased range of motion (ROM) and 30% pain relief") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 09-25-14 by the PTP. The requested care was denied on 10-21-14 by the UR reviewer. The reviewer rationale was "there is no detailed discussion on the efficacy of previous acupuncture...there is no comparison with previous exams...there is a lack of detailed discussion of use of medication that are likely to be efficacious for this condition...the request is not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Although eighteen prior acupuncture sessions rendered were reported as beneficial in reducing pain and increasing range of motion (ROM), the comparison of the PTP reports dated 07-17-14, 08-28-14 and 09-25-14, did not show any significant changes in activities of daily living, function, range of motion or medication intake attributable to the acupuncture rendered. In the absence of any significant, objective functional improvement provided to support the reasonableness and necessity of additional acupuncture, the request for acupuncture times six is not seen as medically necessary.