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| Case Number: | CM14-0178142 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 03/02/2014 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/16/2014 |
| 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 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 41 year old female who reported neck and shoulder pain from injury sustained on 03/02/14 while pulling a machine which weighted approximately 300 lbs. MRI of the left shoulder revealed strain of left infraspinatus tendon, mild tendinosis of left supraspinatus tendon, mild osteoarthritis of left acromioclavicular joint, mildly laterally down sloping and small amount of fluid in the left subacromial subdeltoid bursae. Patient is diagnosed with cervicgia, disorder of bursae, left shoulder impingement. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 08/27/14, patient complains of neck pain rated at 8/10, which is sharp, dull, burning, stabbing and aching. Patient complains of left shoulder pain rated at 8/10, sharp, dull, aching, burning which radiates to chest and left elbow and fingers. Per medical notes dated 09/25/14, patient complains of constant, sharp neck pain rated at 8/10. She also complains of left shoulder pain which radiates to the left elbow and fingers. Patient reported numbness, tingling and weakness associated with pain. According to utilization review, patient has been authorized 6 acupuncture treatments previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for six (6) weeks, cervical spine, left 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. According to utilization review, patient has been authorized 6 acupuncture treatments previously. Provider is requesting additional 2X6 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. Furthermore, official disability guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, the requested Acupuncture treatments are not medically necessary.