

Case Number:	CM14-0178511		
Date Assigned:	10/31/2014	Date of Injury:	10/23/2009
Decision Date:	12/08/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/28/2014

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 a licensed Chiropractor & Acupuncturist, 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 60 year old female who reported right elbow, right shoulder, right hand/wrist, neck, and right upper arm pain from injury sustained on 10/23/09 due to cumulative trauma. Patient is diagnosed with status post right shoulder rotator cuff repair, cervicgia, arthropathy of upper arm and sleep disturbance. Patient has been treated with medication, physical therapy, acupuncture, arthroscopic surgery and chiropractic. Per medical notes dated 09/23/14, patient complains of moderately severe right shoulder pain. She also complains of right sided neck, elbow and wrist pain which is nearly constant. Pain is described as burning, sharp, cramping, dull, aching pain with numbness and tingling into the right hand. Pain increased with standing, sitting, overhead reaching, gripping, grasping and lifting. Patient reports moderate relief with surgery, no relief with physical therapy and excellent relief with exercise, acupuncture and chiropractic. Provider requested additional 8 acupuncture sessions which were modified to 4 by the utilization reviewer. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture

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 treatments. Per medical notes dated 09/23/14, patient report moderate relief with shoulder surgery, no relief with physical therapy, and excellent relief with exercise, acupuncture and chiropractic. Provider requested additional 8 acupuncture sessions which were modified to 4 by the utilization reviewer. 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. Per review of evidence and guidelines, additional 8 Acupuncture Treatments are not medically necessary.