

Case Number:	CM14-0185546		
Date Assigned:	11/13/2014	Date of Injury:	04/21/2014
Decision Date:	12/15/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 44-year-old female with a 4/21/14 date of injury. At the time (10/16/14) of request for authorization for 12 acupuncture therapy sessions for the left shoulder, there is documentation of subjective (on-and-off left shoulder pain, associated numbness and tingling, increased pain with lifting) and objective (left shoulder tenderness to palpation with spasms of the left upper trapezius, tenderness to palpation of the left acromioclavicular and glenohumeral joints, decreased range of motion secondary to pain, positive impingement, Apprehension, and Empty can tests, 2+/5 strength) findings, current diagnoses (left upper extremity neuropathy, left shoulder sprain/strain, clinical impingement), and treatment to date (medications, therapy, and acupuncture). 8/11/14 medical report identifies that acupuncture helps decrease pain temporarily and is able to do more activities of daily living. The number of acupuncture visits completed to date cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Therapy Sessions for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of left upper extremity neuropathy, left shoulder sprain/strain, clinical impingement. In addition, there is documentation of reduced pain with previous acupuncture. However, there is no documentation of number of previous acupuncture visits to determine if guidelines has already been exceeded or will be exceeded with the additional request. Therefore, based on guidelines and a review of the evidence, the request for 12 acupuncture therapy sessions for the left shoulder is not medically necessary.