

Case Number:	CM14-0021393		
Date Assigned:	05/07/2014	Date of Injury:	03/24/2010
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old female who reported right shoulder pain from injury sustained on 3/24/10. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient was diagnosed with rotator cuff tear. Patient has been treated with medication; right shoulder arthroscopic surgery, decompression and rotator cuff repair; physical therapy and acupuncture. Patient was seen for a total of 19 acupuncture visits of which 12 were post-op. According to the notes dated 7/15/13, patient complains of right shoulder pain with overhead activities and weakness. Notes dated 7/22/13; report that patient complains of increased pain in right shoulder despite acupuncture and physical therapy. Per notes dated 10/23/13, she complains of right shoulder pain and limited range of motion. Acupuncture progress notes were not provided for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS QTY: 12 FOR THE RIGHT HAND/WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical treatment Guidelines, "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 19 acupuncture treatments to date 12 of which were post-op. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Furthermore requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Furthermore, the MTUS guidelines, state that 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. Therefore, the request for acupuncture twice a week for six weeks, quantity 12 for the right hand and wrist is not medically necessary and appropriate.