

Case Number:	CM14-0023492		
Date Assigned:	05/12/2014	Date of Injury:	10/16/2009
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 & 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:

Claimant is a 50 year old female who sustained a work related injury on 10/16/2009. An acupuncture trial of four visits on 2/18/2014 for the left shoulder. Per a Pr-2 dated 1/30/2014, the claimant has left shoulder pain that continued to be disabling, affecting activities of daily living, compounded by her ongoing neck pain. Left shoulder motion remained restricted about 20% loss, with positive impingement sign. Rotator cuff strength on examination today was diminished affecting supraspinatus. Most of her upper extremities activity was dependent on her right dominant extremity. Her diagnoses are disorder of the rotator cuff, arthritis of left shoulder region, and cervical spondylosis without myelopathy. Prior treatment includes physical therapy and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT 2 X PER WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of four visits. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, eight visits exceeds the recommended guidelines for an initial trial.

ACUPUNCTURE TREATMENT 2 TIMES PER WEEK FOR 4 WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of four visits. Although the authorized trial was not for the cervical spine, acupuncture can be performed on multiple regions at a time. Also, it is unreasonable to request separate sets of treatments at the same time for different body regions. If there is improvement with the trial, further visits can be medically necessary. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, eight visits exceeds the recommended guidelines for an initial trial.