

Case Number:	CM14-0039615		
Date Assigned:	06/23/2014	Date of Injury:	01/17/2012
Decision Date:	07/21/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 Chiropractor 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 46 year old male who reported left shoulder and neck pain from injury sustained on 01/17/12. The Patient jumped from his truck to avoid a falling container, striking his left shoulder on a metal bar when he fell to the ground. The Patient is diagnosed with lumbar spine sprain/strain with myospasm and subscapularis tear. The Patient has been treated with medication, surgery of the left shoulder, acupuncture and chiropractic. The notes dated 01/20/14, patient complains of left shoulder pain rated at 7/10 with numbness and tingling; low back pain rated at 5/20 with radiation from mid-back to low back. The notes dated 02/24/14, patient complains of low back and shoulder pain rated at 6/10. The notes dated 04/21/14, patient complains of constant left shoulder and low back pain which are rated as mild to moderate. Primary treating physician is requesting additional 12 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LEFT SHOULDER; 3X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical treatment Guidelines page 8-9 states 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: one-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. The Patient has not had any long-term symptomatic or functional relief with acupuncture care. 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. 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. The California MTUS guidelines, state 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, 3X4 acupuncture treatments are not medically necessary.