

Case Number:	CM14-0043619		
Date Assigned:	07/02/2014	Date of Injury:	09/22/2010
Decision Date:	08/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 Acupuncturist and Chiropractor 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 64 year old male who reported right shoulder and low back pain from injury sustained on 09/22/10 after a slip and fall. He slipped on a piece of plastic and landed on his right shoulder. There were no diagnostic imaging reports. Patient is diagnosed with right shoulder sprain with secondary tendinitis and bursitis; lumbar sprain. Patient has been treated with medication, physical therapy and acupuncture (35 sessions in 2013). Per medical notes dated 07/18/13, patient complains of low back pain which is unchanged. Pain is rated at 5/10. Examination revealed decreased range of motion. Per medical notes dated 01/09/14, patient has low back pain and right shoulder pain rated at 2/10. There is no radiation. Examination revealed mild TTP in the paraspinal region. Range of motion is within normal limits. Per medical notes dated 04/09/14, patient has low back pain rated 2/10 and is increased with lifting. Right shoulder pain rated at 2/10 and is increased with activity. Primary physician is requesting additional 8 acupuncture treatments. 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. 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:

Acupuncture twice a week for four weeks: 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, state that 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. In this case, the patient has had prior acupuncture treatment. 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. 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. Therefore, the request for acupuncture twice a week for four weeks is not medically necessary and appropriate.