

Case Number:	CM14-0044560		
Date Assigned:	07/02/2014	Date of Injury:	01/29/2010
Decision Date:	09/26/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/11/2014

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee who has filed an industrial claim for a left shoulder injury that occurred on 1/29/10. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of bilateral shoulder, left elbow, left wrist and mid back symptoms. The treating physician requested twelve additional sessions of acupuncture to treat her pain and to reduce some of her symptoms. Records indicate the applicant suffers with trigger points, pain, and spasms in the shoulder and scapular region. Work status is with restrictions. The applicant's diagnosis consists of impingement syndrome of the left shoulder and carpal tunnel syndrome. Her treatment to date includes, but is not limited to, physical therapy, multiple trigger point and cortisone injections, home exercise program, electric stimulation, bracing, tens units, hot/cold packs, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 3/17/14, the UR determination did not approve the twelve sessions of acupuncture, but did modify and approve four acupuncture sessions as an initial trial recommended by MTUS to establish functional improvement. Records indicate the applicant did not receive prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the left shoulder, #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states "acupuncture is 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." Further acupuncture, beyond this initial trial will be considered based on "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, or a recent involvement in physical rehabilitation program. Therefore, given the MTUS guidelines for acupuncture care detailed above, including the initial trial should be less than twelve, the original request of twelve sessions of acupuncture is not medically necessary.