

Case Number:	CM14-0049549		
Date Assigned:	07/07/2014	Date of Injury:	07/07/2011
Decision Date:	09/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 57 year old female who reported neck, shoulder and low back pain from injury sustained on 07/07/11 due to a motor vehicle accident. An MRI of the cervical spine revealed mild reversal of cervical lordosis and mild dextroscoliosis; mild to moderate degenerative disc disease from C4-5; multilevel 2-3mm posterior disc protrusion with mild central canal stenosis. Patient is diagnosed with right shoulder labral tear; shoulder AC joint arthritis. The patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 01/08/14, patient reports decreased amount of pain and an increased amount of range of motion in her shoulders. She was able to decrease amount of Norco, she was taking 2 tablets/day rather than 3. Pain is rated at 6/10. Examination revealed tenderness to palpation. Per medical notes dated 02/05/14, the patient complains of neck pain radiating down bilateral shoulders. She reports this is doing much better. She also complains of low back pain radiating into right hip. Pain is rated at 5/10. Examination revealed tenderness to palpation and decreased range of motion. The provider is requesting addition 1X1 acupuncture treatment. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved 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 one time per week for one week, right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9: 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. The patient has had prior acupuncture treatment. Per medical notes dated 01/08/14, patient reports decreased amount of pain and an increased amount of range of motion in her shoulder. She was able to decrease amount of Norco, she was taking 2 tablets/day rather than 3 tablets per day. The provider is requesting addition 1 acupuncture treatment. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment. Per the 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. Per review of evidence and guidelines, Acupuncture one time per week for one week, right shoulder is medically necessary.