

Case Number:	CM14-0050575		
Date Assigned:	06/25/2014	Date of Injury:	12/16/2009
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 licensed 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 claimant is a 61 year old female who sustained a work related injury on 12/16/2009. Prior treatment includes right shoulder surgery, acupuncture, oral medication, physical therapy, and topical medication. Her diagnoses are chronic shoulder, bilateral shoulder rotator cuff injuries, and status post bilateral rotator cuff surgeries. She has had 17 acupuncture sessions. Per a PR-2 dated 8/28/2014, the provider is asking for 6 visits of acupuncture because it has been helpful in the past. Per a PR-2 dated 1/16/2014, the claimant has had significant pain relief with the recent six sessions of acupuncture. She has pain reduction of 60-70%. She is better able to tolerate her daily activities such as light cooking, going to the grocery store, doing laundry, and cleaning her house. She can drive easier and has increased range of motion in the right shoulder and neck. She has increased endurance for physical activity and errands. She has been sleeping better at night and it has helped her get off and stay of analgesic medications since October/November. Her right shoulder range of motion is 100 degrees and lateral abduction is 90 degrees. She had an additional six visits approved after 1/29/2014. Per a PR-2 dated 2/13/14, the claimant has helped with stopping the development of panic attacks when at the acupuncturist. Per a prior UR review, an acupuncture note dated 2/25/14, the patient had and increased range of motion of shoulder abduction from 5-10 degrees to 40-45 degrees. She was able to drive more comfortably and for longer periods of time, brush her hair, remove clothes, tie shoes, and turning her head and driving were less painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture additional 2x a week for 8 weeks to right and left shoulder:
Upheld

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

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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had seventeen sessions of acupuncture; however, the provider failed to document objective functional improvement associated with the completion of her most recent approved acupuncture visits. Right shoulder range of motion actually decreased from the PR-2 from 1/16/14 to the acupuncture note on 2/25/14. Some activities of daily living are listed as easier to perform. However, there are no objective measures of improvement or any documentation that the claimant could not perform the activities in the past. Therefore, further acupuncture is not medically necessary.