

Case Number:	CM14-0051179		
Date Assigned:	07/07/2014	Date of Injury:	10/08/2012
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational Medicine, has a subspecialty in 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 52-year-old female with an injury on 10/8/12. There is documentation of subjective moderate to severe right shoulder pain aggravated by reaching and lifting. There is also documentation of objective positive spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles, positive shoulder depression test bilaterally, positive Codman's, Speed's and supraspinatus tests of the right shoulder, and decreased right shoulder range of motion. The current diagnoses include bursitis/tendinitis of the right shoulder and right shoulder partial tear of rotator cuff tendon. Treatment to date includes cortisone injection to the shoulder, medications, 15 sessions of conservative therapy, and activity modification. As of 8/28/13, the request for authorization for Electro acupuncture x 6 visits right shoulder was made not medically necessary due to the inability to determine if it is a request for initial or additional acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture x 6 visits right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that "Acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: "Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months." MTUS identifies that, "treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." There is documentation of diagnoses of bursitis/tendinitis of the right shoulder and right shoulder partial tear of rotator cuff tendon. However, given documentation of 15 sessions of conservative therapy and an injury dated 10/8/12, there would have been an opportunity to have had previous acupuncture therapy. It is not clear if this is a request for initial or additional treatment. The Acupuncture therapy that has already been provided may have already exceeded guidelines regarding a time-limited plan. It is imperative that there is proper documentation of functional improvement with acupuncture. Therefore, based on guidelines and a review of the evidence, the request for Electro acupuncture x 6 visits right shoulder is not medically necessary.