

Case Number:	CM14-0051817		
Date Assigned:	07/07/2014	Date of Injury:	04/23/2012
Decision Date:	08/07/2014	UR Denial Date:	03/14/2014
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 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 injured worker is a 54 year old female who reported neck and right shoulder pain from injury sustained on 04/23/12. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with closed fracture of anatomical neck of humerus and neck strain with radicular complains. Patient has been treated with surgery, physical therapy and medication. Per medical notes dated 03/07/14, patient present with flare-up of intermittent moderate left arm pain starting at the left elbow and radiating to the upper and lower arm. Patient reports of burning sensation in the left arm. Patient reports of numbness in the left hand with weakness. Primary treating physician is requesting initial course of 8 acupuncture sessions which was modified to 6 sessions per guidelines. Per medical notes dated 05/02/14, patient presents today reporting having completed 5 sessions of acupuncture, stating it helped decrease pain by 40%. She continues to complain of intermittent moderate left shoulder pain compensating to the right. Examination revealed tenderness to palpation of the right trapezius and right paracervical musculature. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two Times 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: 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. Patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Primary physician is requesting 8 acupuncture sessions for initial course of acupuncture which was modified to 6 sessions per guidelines. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.