

Case Number:	CM14-0052353		
Date Assigned:	07/07/2014	Date of Injury:	08/22/2012
Decision Date:	08/11/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 male who reported right shoulder pain from injury sustained on 8/22/12. He was working under machinery in a laying down positing facing up; as he pulled himself put he felt pain in his right biceps and right shoulder. Radiographs of the right shoulder revealed mild acromioclavicular arthropathy. An MRI of the right shoulder revealed partial thickness tear of supraspinatus tendon; moderate to severe acromioclavicular joint osteoarthritis; gross impingement syndrome infraspinatus tendinitis and subscapularis tendinitis; SLAP lesion and bicep tenosynovitis. An MRI of the right upper arm revealed tear of the ling head of bicep tendon. The patient is diagnosed with right shoulder strain. Per the medical records dated 01/23/14, patient states his pain at 5/10. Pain is increased with rang of motion. Per acupuncture progress notes dated 02/12/14, patient states he is able to raise the arm more. Per medical notes dated 02/04/14, patient complains of ongoing pain in right shoulder and arm which radiates down to his right biceps. He has had 6-8 additional sessions of acupuncture. Overall, there has been no improvement in his condition. Pain increases with lifting his arms above his head and use of weights. He notes cracking and popping in his right shoulder. To alleviate his pain, he applies medicated cream and takes pain medication. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. The 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical treatment Guidelines pages 8-9 states 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 is 3-6 treatments. The frequency is 1-3 times per week and for optimum duration, 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. Per the medical notes dated 02/14/14, patient complains of ongoing pain in the right shoulder and arm; he has had 6-8 additional sessions of acupuncture; overall, there has been no improvement in his condition. There is lack of evidence that prior acupuncture care was of any functional benefit. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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 the review of evidence and guidelines, additional acupuncture treatments are not medically necessary.