

Case Number:	CM14-0054140		
Date Assigned:	07/07/2014	Date of Injury:	04/11/2013
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 59 year old female who reported right shoulder pain from injury sustained on 4/11/13 while trying to un-stick a van door. Patient is diagnosed with chronic pain syndrome; status post arthroscopy of right shoulder and rotator cuff syndrome. EMG/NCS revealed moderate- severe right carpal tunnel syndrome. MRI of the shoulder revealed acromioclavicular joint arthritis and tendinosis. Per medical notes dated 01/24/14, patient completed physical therapy program but continues to have pain in the right shoulder with numbness of the right arm from shoulder down to the hand. Pain is rated at 5-6/10. Current medication and treatments afford about 50% decrease in symptoms but temporarily. Per acupuncture progress notes dated 03/04/14, patient continues to have pain in her right shoulder with trigger points and taut bands in the upper trapezius and levator scap. Per medical notes dated 04/04/14, patient had 5/6 acupuncture treatment. Pain has decrease and can move better but still has significant pain and limited function. Pain is rated at 4/10. Recommend additional acupuncture 2x6. Patient should be permanent and stationary in 3 months when she completes additional acupuncture. Request was modified to 6 visits by the utilization reviewer. 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional electro-acupuncture (X12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per 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. Patient has had prior acupuncture treatment. Per medical notes dated 04/04/14, patient had 5/6 acupuncture treatments; pain decreased and can move better but still has significant pain and limited function. Primary physician requested additional 12 acupuncture treatments which were modified to 6 treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 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. Per review of evidence and guidelines, additional acupuncture treatments are not medically necessary.