

Case Number:	CM14-0057418		
Date Assigned:	07/09/2014	Date of Injury:	03/21/2011
Decision Date:	08/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/19/2013

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 70 year old male who reported left shoulder pain from injury sustained on 03/21/11 from pulling on a hand brake of the bus. MRI of the left shoulder revealed moderate severe supraspinatus and infraspinatus tendinosis; severe degeneration of biceps tendon; subacromial/ subdeltoid bursitis and acromioclavicular joint arthrosis. Patient is diagnosed with left shoulder pain and cervical radiculitis. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 12/21/12, patient reports 60% pain relief, functional gain and ADL improvement from completing 4/4/ sessions of medical acupuncture. He reports he is able to move his arm more comfortably. Per medical notes dated 10/16/13, patient reports 50-60% pain relief, functional gains and ADL improvement from completing 8/8 acupuncture sessions. Currently he reports a lack of active range of motion in left shoulder. Pain is rated at 4-8/10. He reports intermittent aching pain in the left aspect of the cervical spine with numbness and tingling in the right upper extremity. He has tenderness over the left trapezius. Primary treating physician is requesting additional 8 acupuncture sessions. There is no assessment in the provided medical records of objective functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions Quantity 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 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 patient reported pain relief, functional gain and ADL improvement with acupuncture treatment. There is lack of evidence that prior acupuncture care was of any objective functional benefit. Per medical records dated 10/16/13, he has lack of active range of motion of the left shoulder. Additional visits may be rendered if the patient has documented objective functional improvement. 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. 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.