

Case Number:	CM14-0060982		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2012
Decision Date:	10/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Orthopedic Surgery 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 applicant is a female employee who has filed an industrial claim for cervical spine and upper extremity injury that occurred on 6/1/12. Mechanism of injury is unspecified in records reviewed. Currently the patient complains of constant left shoulder pain radiating throughout the entire shoulder, back of shoulder and neck; associated with numbness and tingling. The treating physician requested twelve additional sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant is temporarily total disabled, to date. The applicant's current diagnoses consist of cervical spine sprain/strain, left upper extremity radiculitis, left shoulder impingement syndrome, right lateral epicondylitis, and bilateral carpal tunnel syndrome. Her treatment to date includes, but is not limited to, acupuncture, MRI's, X-rays, physical therapy, EMG/NCV of the upper extremities, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/23/14, the UR determination did not approve the twelve additional sessions of acupuncture based on a lack of clinically significant objective response to the prior sessions of acupuncture treatments indicating "functional improvement" of the applicant, as defined by MTUS. Therefore, the advisor recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions for the cervical spine and left shoulder two times per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, acupuncture guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial and subsequent rounds of acupuncture care of at least twelve visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant remains on Temporary Totally Disabled status, which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including acupuncture. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus exceeding this recommendation and not medically necessary as such.