

Case Number:	CM14-0066925		
Date Assigned:	06/27/2014	Date of Injury:	04/19/2012
Decision Date:	08/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 50 year old male who reported right shoulder pain from injury sustained on 04/19/12. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with impingement syndrome of right shoulder. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 12/04/13, patient reports increase in work contributing to right shoulder pain rated at 5/10. He reports he is also noticing a new tightness sensation. He continues to use naproxen and bengay. He has used acupuncture successfully in the past with reduction of pain from 5/10 to 2/10. Treatment allows him to stay at full duty. Per medical notes dated 03/11/14, patient was deemed permanent and stationary since 2012. He reports having right shoulder ache, worsens with shoulder movement, partially relieved with naproxen and bengay. Per medical notes dated 03/28/14, patient continues to have right shoulder ache, worsens with shoulder movement and relieved with naproxen. Patient continues to have pain and flare-ups. 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 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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 utilization review, patient had a total of 34 acupuncture treatments. Per medical notes dated 12/04/13, he has used acupuncture successfully in the past with reduction of pain from 5/10 to 2/10; treatment allows him to stay at full duty. 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 as he continues to flare with full duty at work. 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.