

Case Number:	CM14-0073619		
Date Assigned:	07/16/2014	Date of Injury:	09/18/2012
Decision Date:	08/14/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 a licensed Chiropractor and Acupuncturist 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 42 year old male who reported left shoulder pain from injury sustained on 09/18/12. On the day of injury, he was standing behind this van door when a truck hit his van and he door swung and hit is left shoulder. X-rays of the left shoulder revealed no fracture. MRI of the left shoulder revealed mild impingement. MRI of the cervical spine revealed loss of cervical lordosis and minimal diffuse disc bulge without degenerative disc bulge. Patient is diagnosed with sprain/strain of unspecified region of shoulder and arm; thoracic and lumbosacral neuritis/ radiculitis; thoracic spine sprain/strain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 01/24/14, patient has been attending physical therapy and is progressing well. The pain in the left shoulder, thoracic and lumbar spine has improved. He continues to have weakness and achiness at the end of the day. Per acupuncture progress notes dated 04/16/14, patient complains of tingling and cramping of the left shoulder and thoracic spine; pain is rated at 2/10. Per medical notes dated 05/20/14, the patient has been undergoing acupuncture treatment to the left shoulder and shoulder blade area. Patient continues to show positive response which is helping him in the reduction of the pain which helps him to do home exercises. Primary care is requesting additional 2X6 acupuncture 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture left shoulder/thoracic 2 times a week for 6 weeks: 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 dated 05/20/14, "patient continues to show positive response which is helping him in the reduction of the pain which helps him to do home exercise". 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 or decrease in medication intake. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.