

Case Number:	CM14-0082313		
Date Assigned:	07/21/2014	Date of Injury:	02/13/2013
Decision Date:	10/02/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	06/03/2014

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 Acupuncturist, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 a left shoulder injury that occurred on 2/13/13. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of pain with limited range of motion of the left shoulder, left elbow, and left wrist. The treating physician requested six additional sessions of acupuncture to treat her pain and to reduce some of her symptoms. Work status is with restrictions. The applicant's diagnosis consists of epicondylitis (lateral and medial), shoulder and upper arm sprain/strain, and wrist sprain/strain. Her treatment to date includes, but is not limited to, status- post on 7/25/13 left shoulder arthroscopic rotator cuff repair and debridement; subacromial decompression; anterior acromioplasty and biceps tendinosis, physical therapy, acupuncture, injections, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/16/14, the UR determination did not approve the six sessions of acupuncture indicating this was an initial trial request, but the records provided did not include measurably deficient functional and objective goals in need of improvement. The advisor attempted several times to discuss with treating physician, but did not connect. Therefore recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2XWK X 3WKS LEFT SHOULDER AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): PAGE 555-556, Acupuncture Treatment 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". Based on reports dated 12/02/13, the applicant received an initial round of acupuncture care of at least three visits approved based on these guidelines and did not tolerate it well. 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, her work status did not change due to this course of treatment. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.