

Case Number:	CM14-0089558		
Date Assigned:	07/23/2014	Date of Injury:	01/03/2014
Decision Date:	09/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 38 year old female who reported right shoulder, right arm, right wrist and right hand pain from injury sustained on 11/03/13 due to cumulative trauma of repetitive use of hand held gun for scanning products. X-rays of the right shoulder and right wrist were unremarkable. MRI of the right shoulder revealed moderately severe tendinitis of supraspinatus and interstitial delaminating partial rearing affecting less than 50% of thickness and type 1 acromion. Patient is diagnosed with right shoulder sprain/strain, hand sprain/strain, right wrist sprain/strain. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 05/27/14, patient is doing worse with regards to the right shoulder. She has dull, sharp, burning, throbbing pain with numbness and tingling. She is getting worse and has increased pain and decreased range of motion and strength. She had some acupuncture, which helped significantly. Physical therapy initially helped but not recently. The subacromial bursa injection did not help at all. Per medical notes dated 06/09/14, patient had 12 physical therapy sessions and 6 acupuncture sessions, none of which have helped. The request is for additional 2X4 acupuncture treatments for the right shoulder. 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 2 times a week for 4 weeks (8 sessions) for right shoulder pain:
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 05/27/14, she is getting worse and pain has increased; she had some acupuncture which helped slightly. Per medical notes dated 06/09/14, patient had 12 physical therapy sessions and 6 acupuncture sessions, none of which have helped. Provider is requesting additional 2X4 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. 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, additional 2x4 acupuncture treatments for right shoulder are not medically necessary.