

Case Number:	CM14-0114560		
Date Assigned:	08/04/2014	Date of Injury:	05/16/2009
Decision Date:	01/02/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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 licensed 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 52 year old female who reported neck, left shoulder, low back, and bilateral knee pain from injury sustained on 05/16/09. Mechanism of injury was not reported in the provided medical records. Patient is diagnosed with multilevel cervical disc desiccation and bulging with mild stenosis; L4-5 disc bulging and L5-S1 annular tearing with lower extremity radiculopathy; Left shoulder pain following SLAP repair, subacromial decompression and Mumford procedure dated 10/15/12; right wrist strain; right knee pain following arthroscopy; left knee strain. The patient has been treated with surgery, medication, therapy and acupuncture. Per medical notes dated 06/16/14, patient complains of persistent left shoulder, low back and bilateral knee pain. She has aching left shoulder pain rated at 5/10, aching left sided low back pain rated 6/10, burning left knee pain rated 6/10 and aching right knee pain rated 4/10. Provider requested additional 8 acupuncture treatments for left shoulder pain which were denied by the Utilization reviewer on 07/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy eight (8) visits for the Left Shoulder: 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 06/16/14, acupuncture therapy has helped the patient significantly. 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 8 acupuncture treatments are not medically necessary.