

Case Number:	CM14-0167638		
Date Assigned:	10/14/2014	Date of Injury:	12/26/2013
Decision Date:	01/15/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 60 year old female who reported right shoulder pain from injury sustained on 12/26/13 due to slip and fall. Patient is diagnosed with headaches, cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, rotator cuff syndrome, shoulder sprain/strain, insomnia. Patient has been treated with medication, physical therapy and chiropractic. Per acupuncture progress notes dated 07/08/14, patient complains of sharp shoulder pain rated at 5/10; right wrist and thumb pain rated 3/10 and neck pain rated at 2/10. Patient is recommended to begin treatment. Per medical notes dated 08/05/14, patient complains of frequent moderate right shoulder aches, stabbing, swelling and burning dated 4/10. Intermittent mild right wrist aches, numbness rated 2/10; intermittent mild neck pain rated 2/10; intermittent mild right leg pain rated at 2/10. Provider recommends continues 1 times 4 acupuncture which was non-certified by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 times 4 for the right 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 "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. Frequency: 1-3 times per week. Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Per acupuncture progress notes dated 07/08/14, patient is recommended to begin treatment. Per medical notes dated 08/05/14, provider recommends to continue 1 times 4 acupuncture which was denied by the utilization reviewer on 09/16/14. 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, 1 times 4 acupuncture treatments are not medically necessary.