

Case Number:	CM14-0176849		
Date Assigned:	10/30/2014	Date of Injury:	03/07/2011
Decision Date:	01/31/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 Acupuncture and Chiropractic 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 53 year old male who reported neck and right shoulder pain from injury sustained on 03/07/11. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with right shoulder rotator cuff injury with supraspinatus and labrum tear; right shoulder infraspinatus tendonitis; mild AC joint arthrosis; cervical sprain/strain and cervical radiculopathy. Patient's treatments to date were not documented in the provided medical records. Per medical notes dated 09/22/14, patient complains of ongoing neck and right shoulder pain. Patient was involved in a motor vehicle accident on 08/02/14, and he has been having increased pain since. Pain is rated at 3/10. Examination revealed tenderness to palpation of the cervical spine paraspinal muscles with myofascial tightness; painful range of motion of cervical spine is noted. Provider requested acupuncture 2X3. Per medical notes dated 10/21/14, patient reports that his neck pain and right shoulder pain have improved significantly. Patient has been doing home exercises and this has almost resolved his flare-up that he was having. He notes his pain has been back to baseline of 1/10 and overall he is feeling much better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture, Infrared Heat, Myofascial Release 2x3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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". It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial as the injury is over 3 years old. Per medical notes dated 09/22/14, patient reports ongoing neck and right shoulder pain rated 3/10. Per medical notes dated 10/21/14, patient reports that his neck pain and right shoulder pain have improved significantly. Provider requested 2X3 electro-acupuncture, myofascial and infrared. Acupuncture is used as an option when pain medication is reduced or not tolerated. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any administered). California MTUS Chronic Pain treatment guidelines do not address infrared therapy other national guidelines such as ODG do not recommend infrared. The treating physician has not offered an evidence-based medical justification that supports this treatment request. Per review of evidence and guidelines, infrared therapy treatments are not medically necessary. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.