

Case Number:	CM14-0192391		
Date Assigned:	11/26/2014	Date of Injury:	01/13/2009
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 64 year-old male, who was injured on January 13, 2009, while performing regular work duties. The mechanism of injury is from moving some bearing rings from a shelf to a counter, resulting in pain of the upper back, left shoulder, left elbow, and left wrist. The records indicate the injured worker has had at least 24 sessions of acupuncture in 2014, as well as, noted acupuncture sessions dating back to October 29, 2012. The injured worker is taking the medications Celexa, Wellbutrin, Vicodin, and Norco. On October 20, 2014, there is a report of 40% decrease in pain after acupuncture treatment, and physical findings are positive for trigger points throughout the musculature of the left shoulder, with limited range of motion of the left shoulder and cervical spine. He states that acupuncture combined with his medication enables him to perform his activities of daily living with decreased pain and for longer period of time. Other treatments received by the injured worker include cupping, myofascial release, therapeutic exercises, infrared heat, and herbal pain patches. The request for authorization is for 12 sessions of acupuncture to the left shoulder. The primary diagnosis is rotator cuff joint pain. On October 28, 2014, Utilization Review non-certified the request for 12 sessions of acupuncture to the left shoulder, based on MTUS, Acupuncture guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left shoulder x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California 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. On October 20, 2014, there is a report of 40% decrease in pain after acupuncture treatment, and physical findings are positive for trigger points throughout the musculature of the left shoulder, with limited range of motion of the left shoulder and cervical spine. He states that acupuncture combined with his medication enables him to perform his activities of daily living with decreased pain and for longer period of time. Provider requested additional 12 acupuncture treatments which were non-certified by the utilization review. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.