

Case Number:	CM14-0198111		
Date Assigned:	12/08/2014	Date of Injury:	03/31/2004
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/25/2014

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 Chiropractor therapy, 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:

This is a 65 year old female who suffered a work related injury from a fall on 03/31/2004. Diagnoses include status post left shoulder surgery, hand pain and shoulder pain. Treatment has included acupuncture therapy, hand therapy, home exercise program, Paraffin Wax Unit, left custom thermoplastic thumb splint, and medications. It is documented the injured worker has had increased left shoulder and upper arm pain for the last two months, and the injured worker attributes it to her work restrictions not being honored. A primary physician progress note dated 10/14/2014 documents she has had increased left shoulder and upper extremity pain since 8/2014. The injured worker has a positive Neers , positive empty cans sign and positive drop arm test on the left, and no improvement in the left shoulder pain for the last two months. The treatment request is for acupuncture therapy times 12 sessions for the left shoulder and left upper extremity due to shoulder pain. Utilization Review dated 10/27/2014 modifies the request for acupuncture times 12 to acupuncture times 6. Cited for this determination was Medical Treatment Utilization Schedule-Acupuncture Treatment Guidelines. The time to produce functional improvement is typically 3-6 treatments, and may be extended if functional improvement is documented. In this case the claimant sustained injury on 3/31/2004 due to a fall at work, and is noted to be experiencing increased left shoulder pain for the last two months. She has had significant benefit with prior acupuncture treatment as well as recent flare up of complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 12: 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. Provider requested additional 12 acupuncture treatment which was modified to 6 visits by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Per guidelines, the time to produce functional improvement is 3-6 treatments, and may be extended if functional improvement is documented. The patient is noted to be experiencing increased left shoulder pain for the last two months. 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, 12 acupuncture treatments are not medically necessary.