

Case Number:	CM14-0205975		
Date Assigned:	12/18/2014	Date of Injury:	03/23/2012
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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 therapy, has a subspecialty in 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 49 year old male who reported left shoulder pain from injury sustained on 03/23/11. Mechanism of injury was not documented. Patient is diagnosed with status post left shoulder arthroscopic surgery, left shoulder sprain/strain. Patient has been treated with medication, surgery, and physical therapy. Per medical notes dated 08/05/14, patient complains of bilateral shoulder pain rated at 5/10. Left shoulder pain increases with pulling, pushing and lifting. Examination revealed +1 tenderness to palpation of the left upper trapezius, and left shoulder spasms. Provider requested 4 acupuncture treatments for the left shoulder which were non-certified by the utilization review. It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder acupuncture 2-3 times 4: 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, pages 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 of care. Provider requested 4 acupuncture treatments for the left shoulder which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated, which is not documented in the provided medical records. 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 if any previously administered. Provider does not document functional goals which would be accomplished with acupuncture treatment. Per guidelines and review of evidence, 4 Acupuncture visits are not medically necessary.