

Case Number:	CM14-0063432		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2012
Decision Date:	01/20/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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 is licensed to practice in Florida. 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 patient is a 55-year-old male who sustained an industrial injury on 10/5/12. The mechanism of the injuries is cumulative trauma. The patient has been diagnosed with Lumbar sprain/strain, Rotator Cuff sprain/strain, and Bilateral Shoulder sprain/strain. The patient has been prescribed the following medications: Anaprox, Prilosec, Fexmid, Tramadol/L-Carnitine, Genicin, New Terocin Topical Pain Relief, Flurbiprofen, and Gabacyclotram. The patient has received ESWT treatments, PT, chiropractic care and numerous acupuncture treatments. The patient also underwent left shoulder surgery. The patient has had an unknown number of acupuncture treatments and the subjective findings suggest symptom relief; however, there is no documented functional improvement. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course(s) of acupuncture treatment. The medical necessity for the requested Acupuncture 2x4, for left/right shoulder, cervical and lumbar spine would not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4, for left/right shoulder, cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement, or tolerance to pain medication. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions. Therefore, the request for Acupuncture 2x4, for left/right shoulder, cervical and lumbar spine would not be medically necessary.