

Case Number:	CM15-0201972		
Date Assigned:	10/16/2015	Date of Injury:	09/13/2012
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Montana

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 29 year old female, who sustained an industrial injury on 9-13-12. Medical records indicate that the injured worker is undergoing treatment for left shoulder impingement syndrome, pain in the joint of the shoulder region, cervicgia and adhesive capsulitis of the shoulder. The injured workers current work status was not identified. On (9-14-15 and 8-14-15) the injured worker complained of left shoulder and neck pain. The pain radiated to the left shoulder, right shoulder, left arm and bilateral shoulder blades. Associated symptoms include numbness and tingling in the left arm. The injured worker also noted back pain which radiated down the left leg. The average pain level was 8 out of 10 on the visual analogue scale. The injured worker was noted to be in tears with the continued pain. Examination of the left shoulder revealed diminished overall strength and a decreased range of motion. Cervical spine examination revealed vertebral spine tenderness, paraspinal spasm and trapezius muscles tenderness bilaterally. Range of motion was limited in all directions. Treatment and evaluation to date has included medications, MRI, electrodiagnostic studies, transcutaneous electrical nerve stimulation unit, physical therapy (10), acupuncture treatments and a left shoulder arthroscopy (7-18-14). A progress report dated 4-9-15 notes that the injured worker received acupuncture treatments (2012) to the left shoulder for over one year without benefit. Current medications include Advil, Ibuprofen and Orphenadrine. Treatments tried and failed include left shoulder cortisone injection, electroshock therapy and acupuncture treatments. The current treatment request is for acupuncture treatments 3 times a week for 4 weeks to the cervical spine. The Utilization Review documentation dated 9-15-15 non-certified the request for acupuncture treatments 3 times a week for 4 weeks to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 4 weeks cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 3X4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. 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.