

Case Number:	CM15-0209375		
Date Assigned:	10/28/2015	Date of Injury:	12/11/2014
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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

Certification(s)/Specialty: 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 46 year old female, who sustained an industrial injury on 12-11-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical myospasms, cervical radiculopathy, cervical sprain or strain, right shoulder impingement syndrome, right shoulder pain, and right shoulder strain or sprain. Medical records (06-02-2015 to 09-15-2015) indicate ongoing (but improving) neck pain with radiating pain to both upper extremities, and right shoulder pain. Pain levels were rated 7-9 out of 10 in severity on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-15-2015, revealed decreased right grip strength, restricted and painful range of motion in the cervical spine and right shoulder, tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles with spasms, positive cervical compression and shoulder depression tests, and tenderness to palpation over the acromioclavicular joint, anterior and lateral shoulder. Relevant treatments have included: right shoulder surgery (05-2015), numerous physical therapy (PT) sessions for the right shoulder, work restrictions, and pain medications. It was noted that 6 sessions of acupuncture for the right shoulder was requested on 06-23-2015; however, it is not mentioned whether this treatment was completed or if any benefit was obtained. The request for authorization (09-15-2015) shows that the following treatment was requested: 8 sessions of acupuncture for the right shoulder. The original utilization review (09-28-2015) non-certified the request for 8 sessions of acupuncture for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder 2 times a week for 4 weeks, quantity: 8 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the providers report dated 06-23-15, six acupuncture sessions were requested. In his report dated 08-05-15 acupuncture x 6 was requested. Again in the report dated 09-15-15 a request for acupuncture x 8 was made. The previously mentioned reports did not document how many acupuncture sessions were completed. The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines recommendations (x 8), the request for additional acupuncture is not medical necessity.