

Case Number:	CM15-0037726		
Date Assigned:	03/06/2015	Date of Injury:	10/08/2008
Decision Date:	04/09/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 55-year-old male, who sustained an industrial injury on October 8, 2008. He has reported injury of the low back and thumbs. The diagnoses have included disorders of bursae and tendons in shoulder region. Treatment to date has included medications and unknown amount of acupuncture, ice applications, home exercises, heat applications, transcutaneous electrical nerve stimulation unit, physical therapy, and surgery. Currently, the IW complains of right shoulder pain. He indicates his pain is worsening. Physical findings reveal a normal in appearance shoulder, tenderness of the muscles. Range of motion is forward flexion 85 degrees, passive to 95, external rotation 50 degrees, internal rotation to the lateral hip, and abduction 80 degrees. On January 29, 2015, Utilization Review non-certified additional acupuncture, 12 sessions to the right shoulder, and continued prescription coverage. The MTUS guidelines were cited. On February 27, 2015, the injured worker submitted an application for IMR for review of additional acupuncture, 12 sessions to the right shoulder, and continued prescription coverage.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 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 hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not certified.

Continued perscription coverage: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: The California MTUS, ACOEM and ODG espouse the use of various medications in the treatment of specific chronic pain states. However, the request is for non-specified continued prescription coverage. Without specific medication requests there is no way to confirm the prescribed medications adhere to criterion as defined by the ACOE, California MTUS or ODG. Therefore, the request is not certified.