

Case Number:	CM15-0045124		
Date Assigned:	03/16/2015	Date of Injury:	10/22/2012
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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 56 year old female with an industrial injury dated October 22, 2012. The injured worker diagnoses include headache, cervical sprain/strain, lumbar sprain/strain, right rotator cuff tear, right shoulder impingement syndrome, right shoulder internal derangement, status post-surgery of right shoulder, right carpal tunnel syndrome, right wrist sprain/strain, left carpal tunnel syndrome, and left wrist sprain/strain. Treatment consisted of diagnostic studies and periodic follow up visits. In a progress note dated 1/28/2015, the treating physician reports that the right shoulder exam revealed mild swelling, healed surgical scar with decreased and painful range of motion. Right shoulder exam also revealed tenderness to palpitation, muscle spasms in anterior shoulder and a positive Neer test. The treating physician prescribed services for 8 sessions of acupuncture for the right shoulder now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions over 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The guidelines also note 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." After an unknown number of prior acupuncture sessions were rendered with unreported benefits, additional acupuncture x 8 was requested. No evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. In addition the request is for acupuncture x 8, number that exceeds the guidelines recommendations without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.