

Case Number:	CM14-0116388		
Date Assigned:	09/05/2014	Date of Injury:	07/12/2007
Decision Date:	10/08/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/23/2014

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:

This case involves a 57-year-old injured worker who was injured on 7/12/07. The injuries were due to repetitive injury at work. The diagnoses were depressive disorder not elsewhere classified; depression not otherwise specified (NOS); old disruption of posterior cruciate ligament; rotator cuff disorders not elsewhere classified; and cervical facet syndrome; tear; and scapholunate ligament (TFCC tear). The patients treatments have been multiple surgeries including arthroscopic right shoulder subacromial decompression, arthrotomy with removal of rotator cuff calcification (on 4/28/08), repeat right shoulder arthroscopic subacromial decompression, distal clavicle resection and labral debridement (7/2/09), right wrist arthroscopic debridement of triangular fibrocartilage complex tear (1/19/10) and left shoulder arthroscopic decompression, distal clavicle resection, and labral and cuff debridement (5/12/11). The patient did receive physical therapy and is on the following medication: Omeprazole 40 mg. once daily, Cyclobenzaprine HCI cream 2-3 times transdermal prn, Tramadol HCI 50 mg. 2-3 tablets as needed orally, Acetaminophen 500 mg. orally prn, and Ibuprofen 200 mg. tablet orally prn. arthroscopic decompression, distal clavicle resection, and labral and cuff debridement (5/12/11). The patient did receive physical therapy and is on the following medication: Omeprazole 40 mg. once daily, Cyclobenzaprine HCI cream 2-3 times transdermal prn; Tramadol HCI 50 mg. 2-3 tablets as needed orally qd, Acetaminophen 500 mg. orally prn; and Ibuprofen 200 mg. tablet orally prn. The available documentation does not provide the rational, goals and body parts to be treated or outcome of any prior acupuncture sessions to support additional acupuncture treatments. The records provided do not establish the medical necessity for the request of acupuncture 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per CA MTUS Acupuncture Medical Guidelines the frequency and duration of acupuncture may be performed to produce functional improvement within 3 to 6 treatments with a frequency of 1 to 3 times a week over a 2 month period of time. Acupuncture treatment may be extended if functional improvement is documented. The available documentation does not provide the rationale, goals and body parts to be treated or outcome of any prior acupuncture sessions to support additional acupuncture treatments. The records provided do not establish the medical necessity for the request of acupuncture 2x4. Therefore, the request is not medically necessary.