

Case Number:	CM14-0120726		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2003
Decision Date:	09/26/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 Board Certified in Chiropractic & Acupuncture and is licensed to practice in California 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:

The injured is a 71 year old female who complains of bilateral shoulder pain and her back resulting from an injury sustained on 08/17/2003. Patient was she was pushing a wheelchair with a patient that weighed 350 pounds when she felt a burning sensation in her lower back. MRI of the right shoulder on 02/28/2011 revealed AC joint arthritis moderate with 12 x 10 mm rotator cuff tear; MR-arthrogram of the right shoulder on 01/13/2014 revealed a 6mm full thickness rotator cuff tear with mild to moderate acromioclavicular joint arthritis. MRI of the spine on 02/28/2011 revealed 3-4 mm disc bulges between C4-5, C5-6 and C6-7 with severe spinal stenosis at C4-5 and C6-7 with moderate to severe bilateral neural foraminal stenosis at C5-6, postop MRI also shows 7-8 mm L4-5 spondylolisthesis with pedicle screws. Per X-Ray there is also right thumb MCP carpometacarpal strain with slight subluxation. Patient is diagnosed with neck pain, lower back pain and bilateral shoulder pain. Per progress report dated 07/09/2014 sypptoms are localized to the right knee, right shoulder, right arm, right wrist, right hip, back, left shoulder, left arm, left wrist, and left hip; with pain radiating to the neck, shoulder, back, lower back and hip. Medical reports indicates that symptoms are worsened during activity and exacerbated by kneeling, squatting and repetitive use. Per medical notes dated 07/09/2014, symptoms are improved by no activity and medications. Patient has been treated with medications, right shoulder cortisone injection as well as bilateral cortisone injection, and acupuncture. Primary treating physician is requesting 18 additional visits which are not certified per guidelines. Per medical notes acupuncture has been beneficial, however documentation provided does not support significant functional improvement. Patient is currently retired and is not working. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture times 18 (times 6 for each body parts) -Shoulders, Neck, and Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment however documentation provided failed to evidence significant functional improvement. There is no assessment in the provided medical records of any objective functional improvement. 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 guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. 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, additional 18 acupuncture treatments are not medically necessary.