

Case Number:	CM14-0127263		
Date Assigned:	09/23/2014	Date of Injury:	10/10/2013
Decision Date:	10/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in 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 worker is a 54 year old female who reported bilateral shoulder, bilateral hands, bilateral wrists, neck, low back and knee pain from injury sustained on 10/10/13 due to cumulative trauma of working as a cashier from 10/18/88-10/10/13. X-rays of the left elbow were negative. X-rays of the right shoulder were negative. X-rays of the left hand were negative. MRI of the right shoulder revealed supraspinatus tendon non-retracted full thickness tear, conjoined tendon non-retracted full thickness tear, infraspinatus partial articular surface tear, slap type 1 lesion and acromioclavicular osteoarthritis. Patient is diagnosed with right shoulder complete rotator cuff tear and partial thickness. Patient has been treated with medication, therapy, acupuncture and is pending right shoulder surgery. Per acupuncture progress notes dated 06/06/14, "patient is able to carry and lift more weight". Per medical notes dated 09/09/14, patient complains of right shoulder, left elbow, left wrist and left hand pain. Pain is worse by activities of daily living and improved with medication, therapy and rest. Patient is pending right shoulder surgery. Examination revealed tenderness to palpation over the upper trapezius, right lateral dorsi, right rhomboids and right rotator cuff tear. Range of motion was limited in all planes. Provider is requesting additional 8 acupuncture sessions for the right shoulder. 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:

8 Additional Acupuncture Treatments 2 x 4 to 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: Per MTUS- 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. Per acupuncture progress notes dated 06/06/14, "patient is able to carry and lift more weight". Per medical notes dated 09/09/14, patient is pending right shoulder surgery. She has had 14 acupuncture sessions to date and the provider is requesting additional 8 visits. 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. 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. Furthermore, patient is pending shoulder surgery which would not necessitate conservative treatment. Per review of evidence and guidelines, the request for 8 Additional Acupuncture Treatments 2 x 4 to the Right Shoulder is not medically necessary.