

Case Number:	CM14-0130945		
Date Assigned:	08/20/2014	Date of Injury:	02/13/2012
Decision Date:	09/25/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 and 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 63 year old female who reported left knee, right shoulder, right hand, right knee and left thumb pain from injury sustained on 02/13/12 due to a fall from losing her balance and landing on her shoulder. An MRI of the right shoulder revealed supraspinatus tendinosis with full thickness tear; subscapularis tendinosis and delaminating tear; diffuse infraspinatus tendinosis; medial subluxation of the biceps tendon with proximal tendinosis and partial tear; GH joint osteoarthritis including degenerative fraying of the superior labrum type 1; AC joint osteoarthritis and subacromial enthesophytes formation abutting the cuff. Patient is diagnosed with right shoulder derangement. Per medical notes dated 05/19/14, patient complains of right shoulder pain which is sharp, non-radiating, occurs 35% of the time. Right hand pain is dull, non-radiating, occurs 10% of the time. Left thumb pain is sharp, non-radiating, occurs 15-20% of the time. Right knee pain is dull and sharp, non-radiating and occurs 15% of the time. Left knee pain is sharp, non-radiating, occurs 20-25% of the time. The provider is requesting to start acupuncture. Per medical notes dated 07/10/14, the patient complains of right shoulder, right hand, left thumb, right knee and left knee pain. The request is for retrospective acupuncture treatments dated 07/08/14, 07/10/14, 07/15/14, 07/17/14 and 07/22/14. There is no assessment in the provided medical records of functional efficacy with prior acupuncture 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times five, Dates of Service: 07-08-2014, 07-10-2014, 07-15-2014, 07-17-2014, 07-22-2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the 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. The time to produce function improvement is: 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". It is unclear if the patient has had prior acupuncture treatment. Per medical notes dated 05/19/14, provider recommended acupuncture treatment. However, notes fail to document if acupuncture visits were approved and administered. Medical notes dated 07/10/14 do not document any recent exacerbation of symptoms which would necessitate immediate treatment dating 07/08/14, 07/10/14, 07/15/14, 07/17/14 and 07/22/14. Acupuncture progress notes were not included for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture 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. Per review of evidence and guidelines, retrospective acupuncture treatments dated 07/08/14, 07/10/14, 07/15/14, 07/17/14 and 07/22/14 are not medically necessary.