

Case Number:	CM14-0142888		
Date Assigned:	09/10/2014	Date of Injury:	10/21/2011
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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:

This is a 51-year-old female with a 10/21/11 date of injury, when she fell landing on the left side of body with the left arm extended outward and injured her left shoulder and left upper extremity. The patient underwent left shoulder surgery in 2008. The patient was seen on 7/24/14 with complaints of chronic neck pain. Exam findings of the cervical spine revealed tenderness at the paracervical muscles, decreased range of motion and negative Spurling's maneuver. The examination of the left shoulder revealed restricted movements with flexion limited to 80 degrees and abduction limited to 70 degrees. The sensory examination revealed diminished pinprick sensation at the C7 dermatomal distribution on the right. The muscle strength was 4/5-5/5 in all muscle groups in the upper extremities. The progress note stated that the patient was approved for 6 acupuncture sessions. The approval letter dated 7/30/14 indicated that the patient was approved for 3 additional sessions of the acupuncture. The diagnosis is myofascial syndrome, cervicgia, adhesive capsulitis, shoulder pain, hand weakness, and rotator cuff syndrome. Treatment to date: work restrictions and medications. An adverse determination was received on 8/18/14 given that the patient was recently approved for 3 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (AP) times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter Page 114

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. The progress notes indicated that the patient was approved for 6 acupuncture sessions on 7/24/14 and the patient was approved for additional 3 acupuncture sessions on 7/30/14. There is a lack of documentation indicating that the patient accomplished the treatments. Therefore, the request for Acupuncture 6 times was not medically necessary.