

Case Number:	CM14-0149852		
Date Assigned:	09/18/2014	Date of Injury:	09/19/2012
Decision Date:	10/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 licensed in Chiropractic and Acupuncture Services 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 50 year old female who complains of tenderness in her neck and pain and tightness in her right shoulder and shoulder blade from injury sustained on 09/19/12. Patient states that she was preparing trays of broccoli placing the vegetables on a conveyor belt when she turned and hit her right arm on a tube of the machinery. Right hand x-ray on 09/04/13 revealed mild carpometacarpal degenerative joint disease but no fractures or dislocations. Right shoulder x-ray on 09/04/13 revealed mild acromioclavicular degenerative joint disease. X-Ray performed on 04/28/14 revealed soft tissue swelling in the right hand and thumb, soft tissue swelling and degenerative joint disease in the right wrist and right shoulder and right scapula. An MRI on 05/14/14 revealed mild osteoarthritis of the glenohumeral and acromioclavicular joints and trace subacromial/subdeltoid fluid, which could reflect mild bursitis. A chest X-ray on 08/02/14 revealed interval development of minor bibasilar subsegmental atelectasis with no frank consolidations. Patient is diagnosed with sprain/strain of the right thumb trigger finger, sprain/strain of the right shoulder, rotator cuff tear right shoulder, tendonitis of the right thumb, pain right shoulder, muscle spasms C/S right shoulder and wrist, sprain/strain C-spine and myalgia/myositis. Patient has been treated with medication, physical therapy and cortisone injections. Per notes dated 08/25/14, patient sustains that she continues to experience pain and tightness in her right shoulder and right shoulder blade and tenderness in her neck. Physician indicates that upon exam there was pain, tenderness, spasm of the right shoulder and limited range of motion. Based on documentation it is unclear whether the patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy or the anticipated relief in pain or functional improvement with future acupuncture treatment. Provider requested for 2X3 acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 sessions for right shoulder QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS 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". It is unclear whether the has had prior Acupuncture treatment or if the request is for initial trial of care. There is no assessment in the provided medical records of functional efficacy or the anticipated relief in pain or functional improvement with future acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. 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 (if any previously administered). MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 6 Acupuncture visits for right shoulder are not medically necessary.

Acupuncture 2x3 sessions for right thumb QTY: 6: 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 Official Disability Guidelines (ODG) hand/wrist and forearm, Acupuncture.

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". It is unclear whether the has had prior Acupuncture treatment. There is no assessment in the provided medical records of functional efficacy or the anticipated relief in pain or functional improvement with future acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. MTUS- Definition 9792.20 (f) 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. Furthermore Official Disability Guidelines do not recommend acupuncture for hand/wrist or forearm pain. Per guidelines and review of evidence, 6 Acupuncture visits for right thumb are not medically necessary.