

Case Number:	CM14-0185870		
Date Assigned:	11/14/2014	Date of Injury:	01/29/2010
Decision Date:	12/31/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/08/2014

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 55 year old male who reported left shoulder pain from injury sustained on 01/29/10 after lifting a vacuum which weighted approximately 60 lbs. X-rays of the left shoulder were unremarkable. MRI of the left shoulder revealed chronic tendinosis and acromioclavicular joint degeneration. Injured worker is diagnosed with sprain/strain of unspecified site of shoulder and upper arm. Injured worker has been treated with medication, physical therapy and Acupuncture. Per medical notes dated 10/07/14, injured worker denies any dramatic improvement, but feels that he is doing a little better. He reports difficulty elevating the arm or reaching behind his back. Pain is localized to the neck and top/back of the shoulder. Pain is described as dull ache and it is moderate in intensity. Injured worker has completed 6 acupuncture visits and feels that the treatment provides relief. Examination revealed decreased rotation of the cervical spine. Provider requested additional 6 acupuncture treatments for left shoulder. 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:

6 Additional Acupuncture Visits for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8

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". Injured worker has had prior acupuncture treatment. Per medical notes dated 10/07/14, injured worker has completed 6/6 acupuncture visits and feel that the treatment provides relief. 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, additional 6 acupuncture treatments are not medically necessary.