

Case Number:	CM14-0044322		
Date Assigned:	07/02/2014	Date of Injury:	03/24/2006
Decision Date:	08/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal 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:

The patient is an injured worker with shoulder conditions, and a date of injury of 03/24/2006. The mechanism of injury was a slip and fall. The progress report dated February 19, 2014 by [REDACTED], documented subjective complaints of severe flare-up of pain and discomfort involving the left wrist and left shoulder. Objective findings were a well-healing surgical scar in the left shoulder, motor strength decreased in the left shoulder and decreased left shoulder range of motion. Diagnoses were left shoulder rotator cuff injury with a history of surgery, recurrent left shoulder rotator cuff tear involving supraspinatus tendon, right shoulder rotator cuff injury, left wrist sprain/strain injury, myofascial pain syndrome, bilateral shoulder sprain/strain injury, left shoulder recurrent rotator cuff impingement with tear and status post left shoulder rotator cuff repair surgery on April 9, 2013. The patient had a severe flare-up of pain and discomfort. The treatment plan included the medications Nucynta and Norco, and exercises at no pain range and to apply modality treatment on an as needed basis. The patient has electro-acupuncture treatment for his flare-ups of pain and discomfort since it has helped in the past. Utilization review decision date was 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Acupuncture for the left wrist and shoulder, 2 times a week for 4 weeks, QTY: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines address the frequency and duration of acupuncture with electrical stimulation. The time to produce functional improvement is 3 to 6 treatments. Optimum duration is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. 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 performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. A progress report dated February 19, 2014 documented the diagnoses: left shoulder rotator cuff injury with history of surgery, recurrent left shoulder rotator cuff tear involving supraspinatus tendon, right shoulder rotator cuff injury, left wrist sprain/strain injury, myofascial pain syndrome, bilateral shoulder sprain/strain injury, left shoulder recurrent rotator cuff impingement with tear and status post left shoulder rotator cuff repair surgery. The patient had a severe flare-up of pain and discomfort. Electro-acupuncture treatment was requested for his flare-ups of pain and discomfort. The patient reported that electro-acupuncture treatment helped in the past. Functional improvement from past acupuncture was not detailed. MTUS guidelines requires documentation of clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Functional improvement was not documented. MTUS guidelines state that acupuncture treatments may be extended if functional improvement is documented. Because functional improvement was not documented, additional acupuncture treatments are not supported. MTUS guidelines state that the time to produce functional improvement is within 3 to 6 treatments. MTUS guidelines allows for up to 6 acupuncture treatments. The request for 8 acupuncture treatments would exceed MTUS guidelines and is not supported. Therefore, the request for Electro-Acupuncture for the left wrist and shoulder, 2 times a week for 4 weeks, QTY: 8, is not medically necessary.