

Case Number:	CM14-0092486		
Date Assigned:	07/25/2014	Date of Injury:	08/02/2013
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine & Rehabilitation 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 56-year-old male who reported an injury on 08/02/2013. The mechanism of injury was noted to be repetitive heavy lifting at work. The injured worker's diagnoses were noted to be other specified disorders of bursae and tendons in shoulder region, impingement left shoulder, and rotator cuff disorder. Prior treatment was noted to be acupuncture and physical therapy. The injured worker was noted to have an MRI of the left shoulder in 2013. A progress report dated 03/31/2014 noted the injured worker with subjective complaints of pain in the left shoulder. He stated acupuncture treatments did provide relief. However, the injured worker complained that there was marginal improvement to range of motion and the symptoms were intermittent. The objective findings included range of motion of flexion, extension, abduction, and rotation as positive. The treatment plan on the Primary Treating Physician's Progress Report for 03/31/2014 was to participate in an additional 6 visits of acupuncture and possible consult with primary doctor. The provider's rationale for the request was not provided within the Primary Treating Physician's Progress Report dated 03/31/2014. A Request for Authorization for Medical Treatment was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, x 8 visits, to the shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state acupuncture is used as an option only when pain medication is reduced or not tolerated and it is recommended an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture may be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication, induce nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement as recommended by the guidelines for acupuncture is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. According to the guidelines, the injured worker does not meet the criteria for additional acupuncture times 8 visits to the shoulder. Documentation fails to support a medication reduction or a reduction in work restrictions. In addition, the provider's request of 8 visits is an excess of the guidelines recommendation of 3 to 6 treatments. Therefore, the request for additional acupuncture, times 8 visits to the shoulder are not medically necessary.