

Case Number:	CM14-0110533		
Date Assigned:	08/01/2014	Date of Injury:	12/29/2008
Decision Date:	01/02/2015	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/16/2014

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, 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:

This 51 year old female sustained an industrial injury to her left neck, left shoulder, thumb and ear on 12/29/2008 while pulling vaults and hit her arm, shoulder and back. Her diagnoses was cervical radiculopathy, cervical facet syndrome, shoulder pain and spasm of muscle. On physician's office visit on 06/16/2014 revealed the injured worker continued to complain of neck and right shoulder pain. Examination was noted as decreased range of motion in cervical spine. Paravertebral muscle were noted to have hypertonicity, spasm, tenderness, tight muscle band and a trigger point on right side. Decreased reflexes noted on bilateral upper extremities. Right shoulder revealed no swelling, deformity or atrophy. Right shoulder assessment was noted to have a decreased range of motion, negative Hawkins, negative shoulder cross over test, negative belly-press, negative left-off , negative drop arm and negative Neer test, positive tenderness on palpation. She stated that she had previously completed physical therapy, steroid injections and 12 sessions of acupuncture, that reduced her arm and shoulder pain. There were no previous acupuncture records submitted for this review. Treatment plans included medication and 12 additional acupuncture sessions. Past medical history included right shoulder arthroscopic surgery and manipulation under anesthesia. The injured worker was noted to be "permanent and stationary". The Utilization Review dated 07/04/2014 non-certified the request for 12 additional sessions of acupuncture. The reviewing physician referred to CA MTUS recommendations, noting no evidence of functional improvement was noted in previous acupuncture treatments in medical records. Therefore, was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture sessions # 12: 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". Patient has had prior acupuncture treatment. On physicians office visit on 06/16/2014 revealed the injured worker continued to complain of neck and right shoulder pain. She stated that she had previously completed physical therapy, steroid injections and 12 sessions of acupuncture, that reduced her arm and shoulder pain. Provider requested additional 12 acupuncture treatments which were denied by the utilization reviewer. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.