

Case Number:	CM14-0211425		
Date Assigned:	12/24/2014	Date of Injury:	08/01/2009
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 44 year old male who reported right shoulder pain from injury sustained on 08/01/09 due to repetitive lifting heavy loads and doing a very physical job. Patient is diagnosed with right shoulder sprain/strain, status post right shoulder surgery 2011, and chronic pain syndrome. Patient has been treated with medication, right shoulder surgery, physical therapy, and acupuncture. Per acupuncture progress notes dated 10/10/14, currently, he reports constant pain in his right shoulder rated 3/10. He reports with movement his pain level can reach 5-6/10. Overall he feels treatment is helping. Examination revealed slight/moderate tenderness with palpation over the anterior right shoulder. Per medical notes dated 11/21/14, patient complains of right shoulder pain rated 1-2/10 depending on his activity level. The patient has completed 14 acupuncture visits and states it has helped him a lot and would like to continue. Provider requested additional acupuncture 1 session every 2 weeks for 6 weeks which was non-certified by the utilization review on 12/09/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 1 Session every 2 weeks for a total of 6 weeks (right shoulder): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Per medical notes dated 11/21/14, the patient has completed 14 visits of acupuncture and states it has helped him a lot and would like to continue. Provider requested additional acupuncture 1 session every 2 weeks for 6 weeks which was non-certified by the utilization review. 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 acupuncture treatments are not medically necessary.