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| Case Number: | CM15-0178725 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 08/27/2009 |
| Decision Date: | 11/04/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 27, 2009. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve requests for six sessions of acupuncture with associated infrared therapy and myofascial release therapy. An August 20, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 20, 2015 office visit, the applicant reported ongoing complaints of left shoulder pain status post two prior left shoulder surgeries. The applicant was asked to continue Naprosyn for pain relief. The applicant's work status was not detailed. On September 7, 2015, the applicant was, once again, asked to employ Naprosyn for pain relief. Ongoing complaints of shoulder pain were reported. Once again, the applicant's work status was not detailed. The applicant's response to earlier acupuncture was likewise not characterized on a progress note of June 25, 2015. Norco, Mobic, and a topical flurbiprofen-containing cream were endorsed, along with additional electro acupuncture treatment. Once again, the applicant's work status was not reported. On April 30, 2015, the applicant was asked to continue on Norco and obtain a functional restoration program evaluation. Once again, the applicant's work status was not detailed. On March 20, 2015, the applicant was again asked to employ Norco for pain relief. Once again, the applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture, infrared, myofascial release 2 x3 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for six sessions of electro-acupuncture with associated modalities to include infrared therapy and myofascial release therapy is not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. As the attending provider acknowledged on June 25, 2015, the applicant had had prior acupuncture through that point in time. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the applicant's work status was not reported on multiple office visits, referenced above, including August 20, 2015, suggesting that the applicant was not, in fact, working. The applicant remained dependent on a variety of analgesic medications to include Norco, Mobic, Naprosyn, and topical flurbiprofen, it was reported on multiple office visits, also referenced above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for six additional sessions of electro acupuncture with concomitant use of the infrared therapy and myofascial release therapy modalities is not medically necessary.