

Case Number:	CM14-0142150		
Date Assigned:	09/10/2014	Date of Injury:	07/15/2010
Decision Date:	10/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 and 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:

The injured worker is a 48-year-old male who reported neck, shoulder, low back, and knee pain from an injury sustained on 07/15/10. The mechanism of injury is not documented in the provided medical records. There were no diagnostic imaging reports. The patient is diagnosed with right partial/ thickness tear of distal supraspinatus tendon; lumbar facet joint; cervico-brachial syndrome; postoperative left shoulder; shoulder tenosynovitis bilaterally; thoracalgia; vertigo; tenosynovitis of the right knee with internal derangement; and post traumatic gastritis from medication. The patient has been treated with medication, therapy, epidural injection, left shoulder surgery and acupuncture. Per medical notes dated 08/27/13, the "patient states the acupuncture helps to improve the pain free range of motion of his left shoulder". Per medical notes dated 07/20/14, the patient complains of right shoulder pain, mid back, neck, bilateral low back pain and headaches rated 8/10. He also reported left shoulder pain rated at 6/10 and right knee pain 7/10. Examination revealed decreased range of motion of the affected body parts and tenderness to palpation. The provider is requesting an additional 6 acupuncture sessions for multiple body parts. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x week for 6 weeks for multiple body parts: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical treatment Guidelines, pages 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 functional improvement: 3-6 treatments. Frequency: 1-3 times per week. Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." This injured worker has had prior acupuncture treatment. Per medical notes dated 08/27/13, the "patient states the acupuncture helps to improve the pain free range of motion of his left shoulder." There is no assessment in the provided medical records of functional efficacy resulting from 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, an additional 6 acupuncture treatments are not medically necessary.