

Case Number:	CM14-0036247		
Date Assigned:	06/25/2014	Date of Injury:	04/21/2013
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 41 year old male who reported right shoulder, elbow and wrist pain from injury sustained on 04/21/13 due to cumulative trauma of repetitive typing. MRI of the right shoulder revealed acromioclavicular osteoarthritis; supraspinatus tendinitis and infraspinatus tendinitis. EMG/ NCS of the upper extremity are unremarkable. Patient is diagnosed with pain in the joint involving upper arm, shoulder, forearm and hand. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per notes dated 11/15/13, patient complains of increased pain to the right shoulder with numbness and tingling. The pain radiates to his right arm and hand. Pain varies from 4-10/10 throughout the day. He states that medication and rest helps with pain. Per notes dated 02/20/14, patient complains of pain to the right shoulder. He also has increased pain with range of motion in the right shoulder. Primary treating physician is requesting additional 12 acupuncture sessions. 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, 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. Per Utilization review acupuncture is "helping" with pain and range of motion. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Furthermore requested visits exceed the maximum quantity supported by cited guidelines. 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 which were not documented in the medical records. Therefore, the request for acupuncture treatments is not medically necessary.