

Case Number:	CM14-0123808		
Date Assigned:	08/08/2014	Date of Injury:	02/29/2012
Decision Date:	10/14/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/05/2014

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, Montana

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 42 year old female, who sustained an industrial-work injury on 2-29-12. She reported initial complaints of neck and right shoulder pain. The injured worker was diagnosed as having joint pain-neck and shoulder, polyarthritis, osteoarthritis. Treatment to date has included medication, acupuncture (approximately 4 sessions-2014), physical therapy, aquatic therapy, and steroid injection. Currently, the injured worker complains of right shoulder pain. Medication was Vicodin and Imitrex. Per the primary physician's progress report (PR-2) on 6-5-14, exam noted muscle spasm and tenderness in the cervical spine, pain in the anterior portion and AC (acromioclavicular) joint of the right shoulder, movements were restricted, O'Brien's test is positive as well as apprehension test, anterior-posterior stress test, drop arm test. A steroid injection was given into the subacromial joint at this visit. Current plan of care includes transcutaneous electrical nerve stimulation (TENS) unit weight loss program, and pre-op clearance testing. The requested service included Acupuncture sessions for the right shoulder, #4. The Utilization Review on 8-1-15 denied the request per CA MTUS (California Medical Treatment Utilization Schedule).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions for the right shoulder, #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 4 acupuncture sessions for the right shoulder which were non-certified by the utilization review. Per acupuncture progress notes dated 03/18/14, according to the Index score patient had 3.4% decrease in disability, and 5.0% decrease in function; in addition, she reported temporary pain relief in headaches and increased vicodin intake from 3 times/week to 7 times/week. Medical notes demonstrate decrease in function and increased medication intake which do not support additional treatment. Even though patient reported temporary relief, it is not sustained. 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, 4 acupuncture treatments are not medically necessary.