

Case Number:	CM13-0023238		
Date Assigned:	11/15/2013	Date of Injury:	07/09/2011
Decision Date:	01/15/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 y/o female patient underwent 24 physical therapy sessions post-surgical for her right shoulder pain (diagnoses included rotator cuff tendinosis confirmed by MRI, Superior Labral tear, mild to moderate AC joint degenerative changes, amongst others). As she continued significantly symptomatic despite oral medication and previous therapy modalities, acupuncture x12 was recommended by the PTP (PR2 dated 09-05-13). The request was non-certified (09-09-13) by the UR reviewer based on that the number of sessions requested exceeded the number recommended in the MTUS, also that there was no examination of the area (shoulder) for which the care was requested. On 09-19-13 the PTP addressed the examination of the shoulder (noting reduced ROM, subjective complains were documented, etc.). In addition the request for acupuncture was changed by the PTP from twelve to six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right shoulder one (1) times twelve (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: acupuncture

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care

(physical therapy x24, oral medication, work modifications and self care) an acupuncture trial for pain management would have been reasonable and supported by the MTUS and by ODG. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested an initial 12 acupuncture sessions, which is significantly more than the number recommended by the guidelines without an explanation as to why the twelve sessions were needed, the request is seen as excessive, not supported for medical necessity.