

Case Number:	CM13-0025280		
Date Assigned:	11/20/2013	Date of Injury:	10/11/2011
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Chiropractic Medicine, has a subspecialty 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. 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 patient is a 62-year-old female with a date of injury of 9/16/2013. According to the progress report dated 7/31/2013, the patient complained of right shoulder pain that was aching in nature. The patient also complained of sharp, aching pain in her left shoulder. She rated her pain at 5 out of 10. Significant objective findings include decrease shoulder range of motion, loss of strength in the bilateral internal rotation and external rotation. The x-rays of the bilateral shoulders and humerus show no increase of osteoarthritis. The patient was diagnosed with pain in joint, shoulder region and rotator cuff sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: Regarding acupuncture for shoulder complaints, the ACOEM Guidelines indicate that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the

guideline makes no recommendation on the number of acupuncture sessions. Therefore an alternative guideline was consulted. The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. There was no evidence that the patient had prior acupuncture treatments. The provider's request for three acupuncture sessions per week for four weeks exceeds the guidelines recommended number of visits for a trial course of acupuncture.