

Case Number:	CM13-0029161		
Date Assigned:	12/18/2013	Date of Injury:	08/10/2007
Decision Date:	03/27/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/26/2013

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 licensed 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:

This is a 55 year old female patient with pain complains of the left shoulder. Diagnoses included sprain and strain of the left shoulder. Previous treatments included oral medication, physical therapy, chiropractic care, acupuncture, and work modifications, amongst others. The patient continued/continues to be significantly symptomatic, with reduced function with regard to activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO ACUPUNCTURE WITH INFRA RED AND MYOFASCIAL RELEASE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; and the Chronic Pain Medical Treatment Guidelines, page 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines (ODG) establish that initial trial of 4-6 sessions of acupuncture over two weeks is reasonable; with evidence of objective functional

improvement, a total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity. In regards to massage, the guidelines support an initial trial of 4-6 sessions as adjunct treatment to exercise. In this case the number of requested sessions exceeds guideline recommendations; there are not any documented extraordinary circumstances to support deviation from the guidelines. The patient already underwent an unknown number of acupuncture sessions in the past without any objective improvements documented. Without a significant quantifiable response to previous acupuncture care, the request for additional acupuncture, infrared, and massage is not supported. The request is noncertified.