

Case Number:	CM13-0034367		
Date Assigned:	12/06/2013	Date of Injury:	01/20/2010
Decision Date:	01/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 60 year old male that reported an injury on 1/20/10; the mechanism of injury was not provided in the medical record. The patient's diagnoses included bilateral shoulder arthropathy, left elbow contracture, cervical spondylosis, and bilateral upper extremity overuse syndrome. The clinical note dated 9/27/13 reported that the patient continued to make improvements with his left shoulder. He continues to have pain when reaching behind and overhead, and was able to complete active forward flexion to 170 degrees. The patient underwent a left subacromial decompression on 4/22/13. He was continuing physical therapy with continued improvement noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six acupuncture sessions for the bilateral upper extremity (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines for Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be

used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be produced in 3-6 treatments, but acupuncture treatments can be extended if functional improvements are documented. The patient has already received four acupuncture treatments to date, and there is an insufficient amount of clinical documentation discussing the patient change in functional level, so the extension of acupuncture cannot be established at this time. As such the request for six acupuncture sessions for the bilateral upper extremity (BUE) is non-certified.