

Case Number:	CM13-0035562		
Date Assigned:	12/13/2013	Date of Injury:	10/26/2011
Decision Date:	02/20/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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:

This is a 47 year old male patient with pain complaints of the right shoulder and lower back. Diagnoses: adhesive capsulitis of the right shoulder, lumbar sprain. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions, gains reported as "functional improvement obtained") and work modifications, amongst others. As the pain returned and there was improvement with past acupuncture, a request for additional acupuncture 3x6 was made on 09-13-13 by the PTP. The requested care was modified on 10-08-13 by the UR reviewer to approve six sessions and non-certify twelve sessions. The reviewer rationale was "as acupuncture provided functional improvement in the past, an additional six sessions are certified. Further care may be considered with documentation of objective functional improvement and documented deficits".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pneumatic intermittent limb compression device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed, the patient underwent an unknown number of acupuncture sessions in the past with reported symptom reduction and function-ADLs improvements. As the pain returned, additional acupuncture for pain management and function improvement was reasonable and supported by the MTUS. The guidelines notes that the number of acupuncture sessions to produce functional improvement is 3-6 treatments, consequently the care approved by the UR reviewer (acupuncture x6) is seen as reasonable, appropriate, within the current guidelines. Extraordinary circumstances were not documented; therefore the requested 18 sessions are seen as excessive, not supported for medical necessity.