

Case Number:	CM13-0054401		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2012
Decision Date:	03/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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 55 y/o female patient with pain complains of left shoulder. The diagnoses included sprain and strain of the left shoulder. Previous treatments included: oral medication, physical therapy, acupuncture (gains were reported as "some relief") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture 2x4 was made on 09-13-13 by the primary treating physician (PTP). The requested care was denied on 09-23-13 by the UR (utilization review) reviewer. The reviewer rationale was "continuation of acupuncture is supported for medical necessity with evidence of objective functional improvement documented; however there has been no evidence of functional improvement since the examination at 06-06-13."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture (2) times a week for (4) weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient underwent an unknown number of acupuncture sessions in the past without any objective improvements documented (function-ADLs (activities of daily living)

improvement, medication reduction, work restrictions reduction etc). Mandated guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." In this case, without evidence of significant quantifiable response to treatment obtained with previous acupuncture care and/or the extraordinary circumstances to support a number of sessions exceeding the guidelines, the request for additional acupuncture (2x4) is not supported for medical necessity.