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| Case Number: | CM13-0070197 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 08/16/2010 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 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 53 y/o female patient with right shoulder pain complains. Diagnoses included status post right shoulder arthroscopic surgery (rotator cuff repair). Previous treatments included: right shoulder arthroscopic surgery (rotator cuff repair), oral medication, acupuncture (prior number of sessions was unreported, gains reported as 60-80% relief), physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 11-15-13 by the PTP. The requested care was denied on 12-13-13 by the UR reviewer. The reviewer rationale was "prior number of acupuncture sessions and objective evidence of functional gains obtained was not afforded; therefore the additional acupuncture requested x12 is not supported for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2XWK X 6WKS RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment 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." After an unknown number of prior acupuncture sessions (reported as beneficial in reducing symptoms), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not medically necessary and appropriate.