

Case Number:	CM14-0009160		
Date Assigned:	05/28/2014	Date of Injury:	08/09/2011
Decision Date:	07/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/21/2014

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 67 year old female patient with pain complains of bilateral shoulders. Diagnoses included joint pain of the shoulder, osteoarthritis. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions, gains reported as "symptom and function improvement"), and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture 2x4 for the shoulders was made by the PTP. The requested care was denied on 12-13-13 by the UR reviewer. The reviewer rationale was "the available information does not support the requested services as medically and necessary by the ACOEM and AMTG".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4 WEEKS BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) For Shoulder: Initial Trial Of 3-4 Visits Over 2 Weeks, With Evidence Of Objective Functional Improvement, Total Of Up To 12-18 Visits Over 4-6 Weeks.

Decision rationale: The applicable guidelines could support extension of acupuncture care for medical necessity with objective functional improvement documented, for a total of 12-18 sessions. Despite that an unknown number of prior acupuncture sessions rendered were reported as beneficial in reducing symptoms and increasing function, no specific evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous care was provided to support the reasonableness and necessity of the additional acupuncture requested. Also, the number of prior acupuncture sessions is unreported. Therefore, the additional acupuncture x8 is not supported for medical necessity.