

Case Number:	CM14-0133237		
Date Assigned:	08/22/2014	Date of Injury:	09/27/2011
Decision Date:	09/22/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/20/2014

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 licensed 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 44 years old male patient with pain complains of shoulder. Diagnoses included status post shoulder surgery. Previous treatments included: shoulder surgery, oral medication, chiropractic therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x12 was made on 06-27-14 by the PTP (Primary Treating Physician). The requested care was modified on 07-30-14 by the UR reviewer to approve four sessions and non-certifying eight sessions. The reviewer rationale was "the guidelines supports an acupuncture trial of 3-6 sessions, available documentation does not included any recent attempts at management the symptoms with acupuncture, therefore a modified plan of four sessions is certified".

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Acupuncture sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: The acupuncture guidelines do not cover shoulder injuries. Medical Treatment Utilization Schedule (2) Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints..."). The Official Disability Guidelines (ODG) for shoulder notes that an 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 could be supported for medical necessity. The request is for an acupuncture trial x12, number of sessions that exceeds significantly the guidelines without any extraordinary circumstances documented. Therefore, the request of twelve (12) Acupuncture sessions is not medically necessary and appropriate.