

Case Number:	CM14-0161331		
Date Assigned:	10/06/2014	Date of Injury:	01/16/2012
Decision Date:	10/30/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 New York & Connecticut. 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:

According to the records made available for review, this is a 44 year old male patient who sustained a shoulder injury on 1/16/2012. Patient had 38 sessions of prior acupuncture; there is lack of information on objective/functional benefit. No information is provided regarding the extent of improvement relative to these 38 sessions. Per 8/29/14 consult patient's diagnosis is AC joint arthropathy and bursitis. Per 7/11/14 consult he "had good benefit with acupuncture". There is limited shoulder range of motion. Patient is taking oral medication, had a prior lumbar surgery physical therapy and had prior epidural injections. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture x 6, there is documentation of main subjective pain complaints on the above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 for the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is not medically necessary. In order to support the medical necessity for acupuncture, based on MTUS guidelines, acupuncture may be warranted in the

presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement. No information was provided on the extent of functional improvement. Moreover, patient had already achieved the maximum amount of recommended acupuncture of 14 sessions. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented. The medical records in this file did not clearly document the extent of functional improvement. With prior 38 sessions, this request is not supported by guidelines.