

Case Number:	CM14-0172217		
Date Assigned:	10/23/2014	Date of Injury:	04/06/2012
Decision Date:	12/22/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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 a licensed Chiropractor, has a subspecialty 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:

The injured worker is a 39 year old male who reported right shoulder pain from injury sustained on 04/16/12 after a bookshelf collapsed on him and trapped his right arm. Patient is diagnosed with right shoulder tendinitis; rule out internal derangement of right shoulder; left shoulder impingement, bicep tendinitis, compensatory consequence; depression. Patient has been treated with medication, physical therapy and right shoulder subacromial injection. Per medical notes dated 07/01/14, patient has recently received authorization for right shoulder surgery. He continues to have moderate to severe pain in his right shoulder, constant pain with use and intermittent pain with rest. Per medical notes dated 08/19/14, patient complains of bilateral shoulder pain rated at 5/10. Bending, stooping, carrying, lifting, and overhead activities with his upper extremity increased his pain. Examination revealed tenderness to palpation of anterior GH joint of right shoulder and spasm of paracervical muscles. Patient has not had prior Acupuncture treatment. Provider recommended initial trial of 18 acupuncture treatments for right shoulder which were modified to 3 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, right shoulder, x 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider recommended initial trial of 18 acupuncture treatments for right shoulder which were modified to 3 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 18 Acupuncture visits are not medically necessary.