

Case Number:	CM14-0026957		
Date Assigned:	06/13/2014	Date of Injury:	10/21/2013
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 63 years old female patient with pain complains of right shoulder. Diagnoses included right rotator cuff surgical repair. Previous treatments included: rotator cuff repair, oral medication, physical therapy, and acupuncture (unknown number of sessions, "provided some relief"), amongst others. As the patient continued symptomatic, a request for additional acupuncture x14 was made on 02-05-14 by the PTP. The requested care was denied on 02-18-14 by the UR reviewer. The reviewer rationale was "other than providing some relief the functional responses to prior acupuncture was not objectively recorded. The number of previously complete/authorized sessions was not stated".

IMR ISSUES, DECISIONS AND RATIONALES

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

14 ACUPUNCTURE THERAPY SESSIONS BETWEEN 2/12/2014 AND 4/13/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the number of acupuncture sessions to produce functional improvement is 3 to 6 treatments. The guidelines also read that 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 unknown number acupuncture sessions were already provided (gains reported as "provided some relief"), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x14, number that exceeds the guidelines without documenting extraordinary circumstances to support such request. Therefore, the additional acupuncture x14 is not medically necessary.