

Case Number:	CM14-0030893		
Date Assigned:	06/20/2014	Date of Injury:	03/12/2012
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 57 y/o female patient with pain complains of the left shoulder. Diagnoses included tendonitis of the shoulder. Previous treatments included: oral medication, physical therapy, acupuncture (x16, benefits reported as "some improvement"), self care and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 1-16-14 by the PTP. The requested care was denied on 02-28-14 by the UR reviewer. The reviewer rationale was "based on the lack of medical documentation and an unsuccessful attempt to reach the treating physician, the request is not supported as medically and necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of acupuncture for the left shoulder, two times a week for six weeks, as an outpatient: Upheld

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

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

Decision rationale: 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 patient already underwent 16 acupuncture sessions and the gains were described as: "some improvement". Consequently, without evidence of significant, objective functional improvement documented, the additional acupuncture requested is not supported for medical necessity.