

Case Number:	CM14-0031097		
Date Assigned:	06/20/2014	Date of Injury:	04/07/1999
Decision Date:	08/07/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 43 year old female patient with pain complains of left shoulder. Diagnoses included pain in joint of shoulder, rotator cuff repair. Previous treatments included: surgical repair, oral medication, physical therapy, acupuncture (number of prior sessions: x12, gains reported as: less pain/swelling, improved sleep and decreased medication usage, increased tolerance for daily activities) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 02-26-14 by the PTP. The requested care was denied on 03-04-14 by the UR reviewer. The reviewer rationale was there is no documentations that would indicate that the patient has been gaining any functional progress with the previous acupuncture or how many acupuncture sessions the patient already had; therefore the medical necessity of the request has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six acupuncture visits once a week for 6 weeks to the left shoulder: 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: 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.

Decision rationale: The acupuncture guidelines does not cover shoulder injuries (9792.21. Medical Treatment Utilization Schedule. Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, 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 patient already underwent 12 acupuncture sessions and the gains were described as: less pain/swelling, improved sleep (no specifics reported) and decreased medication usage, increased tolerance for daily activities (no specifics were afforded. Consequently, without clear evidence of significant, objective functional improvement documented, the additional acupuncture requested is not supported for medical necessity.