

Case Number:	CM14-0046307		
Date Assigned:	07/02/2014	Date of Injury:	12/22/2012
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 32 year old male patient with pain complaints of right shoulder-elbow and knee pain. Diagnoses included right shoulder impingement, right shoulder rotator cuff tear, right knee sprain and strain. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture x7 (no functional gains were reported) and work modifications amongst others. The patient will undergo right shoulder surgery and the request for acupuncture x8 is for the post-op management. The requested care was modified on 03-14-14 by the UR (utilization review) reviewer to approve six sessions and non-certifying two sessions. The reviewer rationale was "acupuncture x8 exceeds the guidelines recommendation for a trial; therefore, after a peer to peer contact a modification was discussed and mutually agreed on".

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Acupuncture for the right shoulder and knee: 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 (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 request for acupuncture x8 is apparently for post-op management of a future shoulder surgery. The acupuncture guidelines does not cover shoulder injuries (9792.21. Medical Treatment Utilization Schedule (2) Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, 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 7 acupuncture sessions, without any gains documented. In addition, the request is for the post-op management of a surgery that did not occurred yet, therefore the need for care is unknown. Also, the number of sessions requested exceeds the guidelines without extraordinary circumstances documented to support such request for medical necessity. Consequently, the additional acupuncture requested is not supported for medical necessity.