

Case Number:	CM14-0061288		
Date Assigned:	07/09/2014	Date of Injury:	06/08/2007
Decision Date:	09/12/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 48 year old female patient with pain complains of right shoulder. Diagnoses included chronic right shoulder pain syndrome, status-post rotator cuff surgery. Previous treatments included: surgery (rotator cuff surgeries x2), oral medication, injections, physical therapy, acupuncture (unknown number of sessions, functional gains were unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x10 was made by the participating treating physician (PTP). The requested care was denied on 04-09-14 by the UR reviewer. The reviewer rationale was "there is no documentation of narcotic reduction with previous acupuncture. There is also no documented anticipated end-point for the recommendation for acupuncture every three weeks".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Additional Ten Sessions, Right Shoulder Quantity: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Acupuncture Guidelines.

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

Decision rationale: Based on the report from the acupuncture provider dated 01-24-14: "the patient underwent 8 acupuncture sessions with only slight improvement in the pain level, active and passive range of motion were painful in all planes." The Acupuncture Guidelines does not cover shoulder injuries. Per Medical Treatment Utilization Schedule-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 complaint"). 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 underwent at least eight acupuncture sessions in the past without any significant functional improvement documented. Consequently, the request for 10 additional acupuncture sessions for the right shoulder is not medically necessary.