

Case Number:	CM14-0068689		
Date Assigned:	07/14/2014	Date of Injury:	05/17/2011
Decision Date:	08/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/13/2014

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 60 year old male patient with pain complains of left shoulder. Diagnoses included tendinosis of the supraspinatus muscle. Previous treatments included: cortisone injection, oral medication, physical therapy, and work modifications amongst others. As the patient continued to be symptomatic, a request for acupuncture x6, with infrared lamp and kinesio tape was made. The requested care was modified on 04-25-14 by the UR reviewer to approve six sessions and non-certifying the infrared lamp and the medical supply: kinesio tape. The reviewer's rationale was evidence based guidelines necessitate documentation of objective functional deficits and functional goals to support an acupuncture trial x6, therefore is recommended for certification. Regarding the infrared lamp: not supported by the guidelines. Regarding the kinesio tape, the Official Disability Guidelines do not recommend the use of kinesio tape for decreasing pain or disability for shoulder tendonitis/impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ACUPUNCTURE TREATMENTS WITH INFRA LAMP AND MEDICAL SUPPLY: KINESIO TAPE (THROUGH [REDACTED]): 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: Kinesio Tape: Not recommended. Utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/impingement is not supported. (Thelen, 2008). Official Disability Guidelines (ODG) Shoulder: Initial trial of 3-4 acupuncture 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 (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 request is for 6 sessions as a trial, number of visit that exceeds the number supported by guidelines without any extraordinary circumstances reported. Regarding, the infrared lamp, the MTUS notes in the Physical Medicine recommendations: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Therefore, due to the chronicity of the injury and the short term relief that it offers, the recommendation for infrared lamp is not supported for medical necessity. In regards to the kinesio tape request, the ODG guidelines indicate that it is not supported for medical necessity by quality studies. Based on the previously mentioned the request for acupuncture x6, kinesio tape and infra lamp is not supported for medical necessity.