

Case Number:	CM14-0072533		
Date Assigned:	07/16/2014	Date of Injury:	12/01/2013
Decision Date:	08/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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 a 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 62-year-old female patient with pain complaints of right shoulder and right knee. Diagnoses included sprain of right shoulder and right knee sprain. Previous treatments included injections, oral medication, chiropractic-physical therapy, acupuncture and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 for the right shoulder was made by the PTP. The requested care was denied on 04-21-13 by the UR reviewer. The reviewer rationale was "the patient received prior acupuncture without documented objective functional improvement. There is not documentation that the patient is seeking physical rehabilitation or surgical intervention. As such, the criteria for acupuncture have not been met".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluation x12 sessions right 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) for the shoulder.

Decision rationale: On 05-14-14 the PTP reported the patient has continued pain despite conservative treatments. 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 underwent an unknown number of acupuncture sessions in the past without any significant functional improvement documented. Consequently, the additional acupuncture (x12) requested is not supported for medical necessity.