

Case Number:	CM14-0074754		
Date Assigned:	07/16/2014	Date of Injury:	08/24/2011
Decision Date:	11/21/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 47 year old male patient with pain complains of left shoulder. Diagnoses included status post left rotator cuff surgical repair. Previous treatments included: shoulder surgery oral medication, physical therapy, acupuncture (unknown number of sessions completed or benefits obtained) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture times 8 was made by the PTP. The requested care was denied on 04-25-14 by the UR reviewer. The reviewer rationale was "the medical records do not document functional improvement with prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Additional Acupuncture Treatments 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

Decision rationale: The acupuncture guidelines do not cover shoulder injuries. 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. Neither the number of acupuncture sessions completed nor the functional benefits obtained were documented in order to support the additional acupuncture for medical necessity. Consequently, the additional acupuncture (times 8) requested is not supported for medical necessity.