

Case Number:	CM14-0086745		
Date Assigned:	07/23/2014	Date of Injury:	07/02/2012
Decision Date:	08/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 Board Certified 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 38 year old male patient with pain complains of right shoulder. Diagnoses included rotator cuff syndrome. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture times 12 was made by the treating physician. The requested care was modified on 06-29-14 by the UR reviewer to approve four sessions and non-certifying eight sessions. The reviewer rationale was acupuncture times twelve is modified to authorization of acupuncture times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture: 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: 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 acupuncture guidelines does not cover shoulder injuries California Medical Treatment Utilization Schedule (MTUS) Acupuncture medical treatment guidelines, the

acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints...) The Official Disability Guidelines (ODG) for shoulder, notes that an initial trial of three to four visits over two weeks, with evidence of objective functional improvement, total of up to twelve to eighteen visits over 4-6 weeks could be supported for medical necessity. The request from the primary care physician is for twelve acupuncture sessions as a trial. The number of sessions requested exceeds the guidelines without extraordinary circumstances or goals for the requested care documented to support such request for medical necessity. Consequently, the acupuncture times twelve requested is not supported for medical necessity.