

Case Number:	CM14-0122529		
Date Assigned:	09/23/2014	Date of Injury:	01/18/2012
Decision Date:	01/06/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 45 year old female patient with pain complains of her neck and right shoulder. Diagnoses included status post right shoulder arthroscopic surgery (01-07-14). Previous treatments: right shoulder surgery, injections, oral medication, Lidoderm patches, chiropractic-physical therapy, acupuncture (unknown number of sessions or gains) and work modifications amongst others. Although the patient was considered to be at a maximum medical improvement on 06-13-14, a request for acupuncture 2-3 week x6 weeks and a re-evaluation in 4-6 weeks was made by the PTP (primary treating physician). The request was denied on 07-17-14 by the UR reviewer. The reviewer rationale was "the requested acupuncture x18 exceeds the guidelines...a trial of 3-6 sessions can be considered appropriate according to the California guidelines." The request for a follow up re-evaluation was denied as well, based on lack of medical necessity: a follow up every 4-6 weeks for the purpose of a follow up is not appropriate in the absence of an exacerbation of the condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 x 6 week- 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), Shoulder

Decision rationale: The acupuncture guidelines do 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 (x12-18) requested is not supported for medical necessity. Therefore, the request is not medically necessary.

Re-Evaluation in 4-6 week for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: On the report dated 06-13-14, the provider determined that the patient was at a maximum medical improvement (MMI) for the right shoulder. No posterior reports, documenting a flare up of the right shoulder condition, were available for review; therefore, in the absence of shoulder complains a re-evaluation 4-6 weeks later for the right shoulder is not supported as medically necessary.