

Case Number:	CM15-0002320		
Date Assigned:	01/13/2015	Date of Injury:	01/07/2012
Decision Date:	04/02/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female, who sustained an industrial injury on January 7, 2012. She has reported bilateral shoulder pain with burning, tingling and cramping. The diagnoses have included sprain/strain of the shoulder, chronic neuritis, myofascial pain syndrome and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, trigger point injections, pain medications and work restrictions. Currently, the IW complains of bilateral shoulder pain with radiating pain to the upper extremities with associated tingling and numbness. The injured worker reported an industrial injury in 2012, resulting in chronic bilateral shoulder pain and upper extremity pain. She was treated conservatively and with previous trigger point injections without continued resolution of the pain. Evaluation on December 4, 2014, revealed continued pain. Acupuncture is requested. On December 26, 2014, Utilization Review non-certified a request for Acupuncture 2 x 3 to the bilateral shoulders, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of requested Acupuncture 2 x 3 to the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 to the bilateral shoulders: 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 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.

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 number of sessions requested (x 6) exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned, the acupuncture trial x 6 is not supported for medical necessity.