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| Case Number: | CM15-0028646 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 05/06/2009 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Chiropractor, 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 55 year old female, who sustained an industrial injury on 5/6/2009. She has reported a slip and fall injuring left shoulder and left knee. The diagnoses have included status post bilateral shoulder arthroscopy, persistent bilateral shoulder pain and weakness, bilateral partial recurrent rotator cuff tear, left shoulder degenerative arthritis, and left knee bursitis. Magnetic Resonance Imaging (MRI) of the shoulder from 1/29/15 significant for near complete supraspinatus tendon tear, unchanged, tendinosis, and partial and interstitial tear of subscapularis tendon. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), activity modification, surgical intervention, therapeutic joint injections, chiropractic therapy (recently 10 sessions approved for the knee per 12/23/14 report). Currently, the IW complains of left shoulder pain that was improving with acupuncture treatment with increased ability to complete activities of daily living. Physical examination from 1/15/15 documented moderate tenderness with palpation bilateral shoulders, limited and painful left shoulder Range of Motion (ROM), with a positive Apley's test and positive Apprehension test. The plan of care included a pending request for authorization for left shoulder arthrogram and additional ten acupuncture treatments. On 2/5/2015 Utilization Review non-certified ten (10) additional acupuncture sessions for bilateral shoulders, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of ten (10) additional acupuncture sessions for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 10 sessions for bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the guidelines make no recommendation on the number of acupuncture sessions. Therefore an alternative guideline was consulted. 9792.24.1. Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). Records indicate that the patient had prior acupuncture care. The patient was reported to have decreased in pain and increase in strength with acupuncture. It was noted that the range of motion was increased and there was increased in functional improvement. The provider stated that due to the less pain gained from acupuncture; the patient was able to perform household chores and self-care with more ease. Based on the documentation of improvement in activities of daily living, the provider's request for 10 additional acupuncture sessions to the bilateral shoulders are medically necessary at this time.