

Case Number:	CM15-0057477		
Date Assigned:	04/02/2015	Date of Injury:	06/25/2014
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/26/2015

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 63 year old male with an industrial injury dated 06/25/2014. His diagnoses included cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion, lumbar facet hypertrophy, lumbar impingement syndrome, left shoulder impingement syndrome, left shoulder internal derangement and left rotator cuff tear. Prior treatment includes medication, physical therapy and acupuncture. He presents on 03/09/2015 with complaints of cervical spine, lumbar spine and left shoulder pain. There was tenderness to palpation of the cervical spine with decreased range of motion. Left shoulder is tender to palpation with decreased range of motion. Treatment plan included acupuncture to left shoulder, physical therapy, orthopedic surgical consult, pain management and internal medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for the left shoulder, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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.

Decision rationale: The acupuncture guidelines does 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 (x8) requested is not supported for medical necessity.