

Case Number:	CM15-0061424		
Date Assigned:	04/07/2015	Date of Injury:	08/23/2013
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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 43 year old female, who sustained an industrial injury on 8/23/13. She reported initial complaints of left shoulder pain. The injured worker was diagnosed as having lumbar disc displacement, lumbar impingement syndrome, s/p surgery of lumbar spine, thoracic or lumbosacral neuritis or radiculitis, injury to lumbar nerve root, and right shoulder pain, s/p surgery to left shoulder. Treatment to date has included topical and oral medication and diagnostics. Currently, the injured worker complains of bilateral shoulder and low back pain rated 8/10. Per the primary physician's progress report (PR-2) of 2/25/15, the right shoulder pain was rated 6/10 and described as dull and stabbing. There was radiation to the right arm with numbness and tingling. The pain was relieved with pain and rest. Examination revealed tenderness to the anterior right shoulder with decreased range of motion. Current plan of care included use of non-steroid anti-inflammatory (NSAID) medication, topical analgesic creams, laboratory testing, diagnostics, and acupuncture for the right shoulder. The requested treatments include acupuncture x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

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. As the primary care physician requested an initial 12 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, not supported for medical necessity.