

Case Number:	CM13-0015916		
Date Assigned:	10/10/2013	Date of Injury:	10/04/2011
Decision Date:	01/27/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 62-year-old female who reported an injury on 10/04/2011. The patient underwent right shoulder rotator cuff repair on 05/01/2013. The patient has a history of right shoulder and neck pain. The patient has been previously treated with medication management, injections, and acupuncture. The patient is noted to have some pain relief with acupuncture per clinical note on 07/18/2013. The plan was continued therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Session of Acupuncture Therapy for Right Rotator Cuff and Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS guidelines states that acupuncture "is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS guidelines recommend 3 to 6 treatments to produce functional improvement and up to 1 to 2 months at a frequency of 1 to 3 times per week if there was functional improvement during the trial. The documentation submitted for review fails to document that the patient has had objective

functional improvement with prior acupuncture care. Furthermore, the patient's duration of care would exceed evidence based guidelines for 2 month optimum duration. There are no exceptional factors to warrant continuing to exceed evidence based guidelines for total duration of care with acupuncture. As such, the request is non-certified at this time.