

Case Number:	CM14-0161695		
Date Assigned:	10/07/2014	Date of Injury:	12/30/2008
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Acupuncture 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 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/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:

This is a 31 y/o female patient with pain complains of right shoulder. Diagnoses included status post right shoulder surgery. Previous treatments included: surgery (right shoulder), oral medication, physical therapy, acupuncture (unknown number of prior sessions or specific gains obtained) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made by the treating physician. The requested care was denied on 09-12-14 by the UR reviewer. The reviewer rationale was "there was no clear detail as to whether the patient had acupuncture before done for the right shoulder, including the number of sessions and functional outcome. Also, there was no clear detail provided as to what specific functional goals are to be achieved with the requested acupuncture. Also, if this an initial request, the 12 sessions being requested will be in excess of the guidelines criteria".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture without stimulation 15min: 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

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 patient underwent an unknown number of acupuncture sessions in the past without any significant functional improvement documented. Consequently, the additional acupuncture (x12) requested is not supported for medical necessity.