

Case Number:	CM15-0015334		
Date Assigned:	02/03/2015	Date of Injury:	02/23/2014
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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 50 year old male, who sustained an industrial injury on 02/23/2014. He has reported subsequent shoulder pain and was diagnosed with right brachial plexus injury, closed shoulder dislocation and neuropathy. Treatment to date has included oral pain medication, physical therapy and acupuncture. In a progress note dated 12/30/2014, the injured worker reported continued shoulder pain with numbness of the upper extremity. Objective examination findings were notable for pain at full flexion/abduction of the shoulder, lack of flexion at the joint of the thumb and paresthesias of the arm, hand and volar forearm. The physician noted that injured worker had significant benefit from acupuncture in the past. A request for authorization of acupuncture for the right shoulder was submitted. On 01/05/2015, Utilization Review non-certified a request for acupuncture 2 times a week x 6 weeks for the right shoulder, noting that the documentation did not establish an updated clinical status of the current subjective complaints, objective findings and functional deficits that would substantiate the medical necessity of the request. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 (MTUS) 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. Therefore, the additional acupuncture (x 12) requested is not supported for medical necessity.