

Case Number:	CM15-0111371		
Date Assigned:	06/17/2015	Date of Injury:	10/07/2013
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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 45 year old male, who sustained an industrial injury on October 7, 2013. The injured worker sustained a crush injury to the right wrist and hand. The diagnoses have included right shoulder sprain/strain, partial thickness tear of the distal subscapularis tendon of the right shoulder, right elbow sprain/strain, right wrist carpal tunnel syndrome, right wrist ganglion cyst, right wrist triangular fibrocartilage complex tear, finger pain, right hand osteonecrosis and right hand crush injury. Treatment to date has included medications, radiological studies, MRI, physical therapy, chiropractic treatments and acupuncture treatments. Current documentation dated April 8, 2015 notes that the injured worker reported burning right elbow pain and right wrist and hand pain. Associated symptoms included weakness, numbness and tingling of the hand and fingers. The documentation notes that the injured worker did not mention right shoulder pain during the subjective complaints. Examination of the right shoulder revealed tenderness at the deltopectoral groove and on the supraspinatus muscle. Range of motion was noted to be decreased. Motor strength was decreased due to pain in the right upper extremity. The treating physician's plan of care included a request for acupuncture treatments to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) acupuncture sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture 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 (x18) requested is not supported for medical necessity.