

Case Number:	CM15-0170949		
Date Assigned:	09/11/2015	Date of Injury:	10/06/2011
Decision Date:	11/03/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/31/2015

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: Family Practice

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 68 year old female who sustained an industrial injury on 10-06-2011. Treatment to date has included medications and physical therapy. In the provider notes of 07-14-2015, the injured worker complains of bilateral shoulder pain, difficulty with activities of daily living, and frustration. On physical exam, there was positive impingement and Hawkins to bilateral shoulders, decreased and painful range of motion, and diminished strength bilaterally. The treatment plan was for physical therapy three times a week for the bilateral shoulders and Acupuncture 3x a week for four weeks to the right and left shoulder, and medications of Relafen and Prilosec. A request for authorization was submitted for Acupuncture 3x4 right shoulder. A utilization review decision 07-29-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/ Acupuncture.

Decision rationale: CA MTUS ACOEM guidelines shoulder chapter note that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. A review of the medical records does not establish that the injured worker has undergone a prior trial of acupuncture. However, the request for 12 sessions exceeds the amount recommended to establish efficacy. ODG Acupuncture Guidelines recommend an initial trial of 3-4 visits over 2 weeks and with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. The request for 12 sessions exceeds the amount recommended for an initial trial to determine efficacy of acupuncture treatments. The request for Acupuncture 3x4 right shoulder is not medically necessary and appropriate.