

Case Number:	CM15-0062853		
Date Assigned:	04/08/2015	Date of Injury:	11/09/2011
Decision Date:	05/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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 74 year old male, who sustained an industrial injury on 11/09/2011. He reported a right shoulder injury. The injured worker is currently diagnosed as having cervical neuritis, chronic pain syndrome, rotator cuff rupture status post surgeries (x3), and right shoulder joint pain. Treatment to date has included shoulder surgeries, right shoulder MRI, physical therapy, acupuncture, and medications. In a progress note dated 03/16/2015, the injured worker presented with complaints of neck and shoulder pain which noted improvement with acupuncture treatments. The treating physician reported requesting authorization for further acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Electro-Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of acupuncture sessions rendered in the past (reported as beneficial with "improved range of motion" which was not measured to compare), additional acupuncture was requested. The patient condition at the time of the request was mild symptoms at worse (VAS 1-2/10 with medication, no intolerance noted). No specific functional gains obtained with prior treatment or to be addressed with this request, were documented. Also, the providers' reporting indicates the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. Based on the previously described, further acupuncture does not meet the guidelines criteria for medical necessity.