

Case Number:	CM15-0068005		
Date Assigned:	04/15/2015	Date of Injury:	06/27/2014
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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 42-year-old female who sustained an industrial injury to her right shoulder, wrist and hand on 06/27/2014. The injured worker was diagnosed with rotator cuff tendinitis/bursitis and tenosynovitis of the right hand and wrist. Treatment to date includes diagnostic testing with right wrist, elbow and shoulder magnetic resonance imaging (MRIs), conservative measures and medications. According to the primary treating physician's progress report on March 20, 2015, the injured worker continues to experience right shoulder pain with decreased range of motion and right elbow and wrist pain. Examination of the right shoulder demonstrated palpable tenderness and spasm about the trapezius muscle. Supraspinatus weakness test was positive. Examination of the right wrist noted diffuse tenderness, no crepitus and mildly positive Tinel's sign. Current medications are listed as Naproxen, Cyclobenzaprine and Omeprazole. Treatment plan consists of right shoulder cortisone injection and the current request for initial acupuncture therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment (initial) sessions for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management and function improvement would have been reasonable and supported by the guidelines ODG.(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 guidelines note that the amount to produce functional improvement is 3-4 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore is not medical necessary.