

Case Number:	CM15-0078221		
Date Assigned:	04/29/2015	Date of Injury:	06/01/2010
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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 55 year old male, who sustained an industrial injury on June 1, 2010. He reported cervical spine, left shoulder and bilateral lumbar spine pain. The injured worker was diagnosed as having cervicothoracic spondylosis, stenosis and myofascial strain and left shoulder internal derangement. Treatment to date has included diagnostic studies, physical therapy, acupuncture, cortisone injections, medications and work restrictions. Currently, the injured worker complains of continued neck, shoulder and back pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported decreased pain with previous acupuncture therapy. Additional acupuncture was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - 1 time per week for 6 weeks - Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (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 do 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 specific, significant functional improvement documented (range of motion pre-acupuncture and post acupuncture were not included, medication intake before and after care were not available, no specific function improvement attributable to acupuncture was included in the available records, etc). In addition, the last report from the provider indicated that the patient's condition was "stable" and no deficits to be addressed by the acupuncture requested were described. Consequently, the additional acupuncture (x6) requested is not supported for medical necessity.