

Case Number:	CM15-0091549		
Date Assigned:	05/15/2015	Date of Injury:	04/19/2005
Decision Date:	06/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/12/2015

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 54-year-old male, who sustained an industrial injury on 4/19/2005. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical myofascial pain and bilateral shoulder tendinitis. There is no record of a recent diagnostic study. Treatment to date has included acupuncture and medication management. In a progress note dated 3/30/2015, the injured worker complains of neck pain and right shoulder pain. Examination showed cervical range of motion is painful, right shoulder showed painful rotation and there is tenderness on the left shoulder. The treating physician is requesting 6 acupuncture sessions for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 6 acupuncture sessions for the left shoulder (1x/week for 6 weeks): 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 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 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 significant functional improvement documented. In addition, it is unclear what areas were treated with prior acupuncture. Despite the previously mentioned, even if the left shoulder is a new area for which a trial could be reasonable, there is no mention of any extraordinary circumstances for which a number exceeding the guidelines criteria (acupuncture x 6) was requested. Consequently, the acupuncture (x 6) requested is not medically necessary.