

Case Number:	CM15-0093713		
Date Assigned:	05/20/2015	Date of Injury:	03/05/2013
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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 57-year-old female, who sustained an industrial injury on 3/5/2013. She reported injury from repetitive use. The injured worker was diagnosed as having forearm pain, cervicgia, rotator cuff sprain and shoulder sprain. Cervical magnetic resonance imaging showed cervical disc bulging. Treatment to date has included physical therapy, massage, injection and medication management. In a progress note dated 4/1/2015, the injured worker complains of shoulder pain rated 2/10. She also complained of severe stiff right shoulder and arm. Physical exam showed the right arm profoundly was weak with neck pain but reasonable range of motion. The treating physician is requesting 8 sessions of acupuncture for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 8 for the right 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 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 guideline does not cover shoulder injuries (9792.2). 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 request is for an acupuncture trial x 8, number that exceeds significantly the guidelines criteria without a medical reasoning to support such request. Therefore, the acupuncture x 8 is not medically necessary.