

<b>Case Number:</b>	CM13-0019721		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient suffered a work-related injury on 8/16/11, His diagnoses include cervicalgia, thoracic/ligament pain, limb pain, and lower limb causalgia, with ankle and shoulder pain. The MRI taken on 6/17/13 shows that there is a 0.4 cm focal area of bone marrow edema in the superior portion of the humeral head representing subchondral bony bruise. There is a focal area of bone marrow edema seen at the bony labrum, but the glenoid labrum is normal; no osteochondral defect or Bankart fracture is present. The biceps tendon is normal. No evidence for tear or SLAP type of injury detected. A PR-2 report dated 7/11/13 states that the patient appears to have constant moderate to severe pain in the right ankle and right shoulder with associated tenderness to palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for acupuncture therapy with adjunct procedures/modalities twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS guidelines state that acupuncture treatments may be extended after an initial trial period only if functional improvement, as defined in Section 9792.20 (ef) is documented. The medical records provided for review show that the patient has had acupuncture with no evidence of functional improvement. Therefore, the request for further acupuncture is not medically necessary.

**The request for chiropractic care once a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,58.

**Decision rationale:** MTUS guidelines states that the intended goal or effect of manual medicine of positive symptomatic gains or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program, and return to productive activities. The medical records provided show that the patient has had chiropractic care already with no evidence of functional improvement, objective measurable gains in function, or achievement of positive symptomatic findings. Therefore, the request for further chiropractic care is not medically necessary.