

<b>Case Number:</b>	CM13-0020040		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Orthopedic Surgery, and is licensed to practice in California. 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 claimant is a 46-year-old female who was injured in a work-related accident on 8/15/12. A recent clinical assessment on 8/5/13 with [REDACTED] indicated continued history of orthopedic complaint status post right shoulder diagnostic arthroscopy on 3/29/13. She continues to have tightness and pain anteriorly to the shoulder with associated weakness. Examination showed forward flexion and abduction to 150 degrees with 4/5 manual muscle testing. She was given the diagnosis of right shoulder and cervical spine injury, bilateral carpal tunnel syndrome status post right shoulder arthroscopy. Recommendation at that time was for continuation of a "Q brace" for her spine as she has developed "poor postural habits". There was also a request for continuation of acupuncture therapy stating the claimant could benefit from an additional course of acupuncture for which she has been receiving recent treatment. Prior acupuncture documentation is noted from 7/29/13 with [REDACTED] but does not document how many specific sessions have been utilized to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**a spinal Q brace:** 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 Occupational Medicine Practice Guidelines, pages 9, 298, 301.

**Decision rationale:** Lumbar supports "have not been shown to have any lasting benefit beyond the acute phase of symptoms relief," according to the Occupational Medicine Practice Guidelines. Records in this case fail to demonstrate a specific lumbar diagnosis or lumbar imaging that would support the role of acute bracing at this stage in chronic course of care. This specific request would not be indicated.

**12 sessions of acupuncture:** Upheld

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

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

**Decision rationale:** Records indicate the claimant has undergone a significant course of acupuncture to date. California MTUS Guidelines indicate that the optimal duration of use is "one to two months". The claimant has exceeded this duration as well as timeframe to demonstrate functional improvement. The continued role of acupuncture for this claimant's chronic pain complaints to the shoulder and cervical spine would not be indicated.