

Case Number:	CM13-0044903		
Date Assigned:	01/15/2014	Date of Injury:	03/14/2012
Decision Date:	03/25/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 patient is a 39-year-old female who was injured on 02/07/2012. The patient was required to do continuous paperwork, typing, writing and similar desk type activities and as a result developed pain in her neck and bilateral shoulders. Prior treatment included anti-inflammatory medications, physical therapy, acupuncture and TENS (Transcutaneous electrical nerve stimulation) unit which were all helpful. Cortisone injections to the right shoulder gave temporary relief. Diagnostic studies included an MRI (magnetic resonance imaging) of the right shoulder dated 11/13/2012 which revealed Type III acromion impingement potential and multifocal intrasubstance delimitation and partial tearing of the articular surface anterior leading edge insertion SST. MRI of the right shoulder dated 04/30/2013 revealed mild impingement and tendinosis of the rotator cuff with a tear. MRI of the cervical spine dated 04/30/2013 revealed: C6-7, 3 mm posterior disc bulge indenting the anterior portion of the cervical subarachnoid space. MRI of the lumbar spine dated 04/30/2013 revealed L3-4 disc level showed mild dehiscence of the nucleus pulposus with a 3 mm posterior disc bulge indenting the anterior portion of the lumbosacral sac and L4-5 disc level showed mild dehiscence of the nucleus pulposus with a 3 mm posterior disc bulge indenting. EMG/NCV (electromyogram/nerve conduction velocity) tests performed 06/13/2012 was negative. The report dated 08/12/2013 documents the patient to have complaints of sharp, dull, achy shooting neck pain as well as headaches. The patient rated pain at 9/10 on a pain scale. Activities or movements such as reading, concentration, standing, sitting, sleeping, recreation activities, travel up to 1 hour by car and daily activities tended to aggravate or increase neck pain. Objective findings on examination include: tenderness to palpation at the bilateral cervical spine extensors, supraspinatus, infraspinatus, pectoralis, bilateral medial and lateral epicondyle, anatomical snuff box, bilateral PSIS (posterior superior iliac spine) quadrates lumborum and L5-S1 spinal interspaces with

increased pain. She was diagnosed with Chronic cervical pain; chronic cervical muscles spasm; chronic lumbar neuritis; chronic sacral iliac joint dysfunction, bilateral; chronic rotator cuff syndrome, right; chronic shoulder impingement syndrome, right; chronic lateral epicondylitis, bilateral; chronic medial epicondylitis, bilateral; chronic De Quervain's syndrome, bilaterally, chronic carpal tunnel syndrome, bilateral; and post industrial traumatic anxiety and depression. The treatment Plan included a request for Physiotherapy with electro-acupuncture 3x per week on an every other day basis for the next 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy with electroacupuncture three (3) times a week on an every other day basis for eight (8) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is for a total of 24 physiotherapy visits with electro acupuncture (3 times a week for 8 weeks). According to the CA MTUS guidelines for acupuncture, the time to produce functional improvement is 3 to 6 treatments. In the event there is functional improvement with the treatments rendered, then the acupuncture treatments may be extended. The request for an initial 24 visits exceeds the trial time to produce functional improvement. As such, the request is not certified.