

Case Number:	CM13-0055326		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2010
Decision Date:	03/28/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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 32-year-old female who reported an injury on 10/11/2010. The mechanism of injury was overhead dusting. The patient subsequently experienced pain in the right shoulder and was diagnosed with a right shoulder sprain/strain. Her initial course of treatment is unclear; however, it is noted that she received unknown durations of physical therapy and acupuncture, and was ultimately referred to a functional restoration program. The most recent PR2's provided for review, indicate that the patient is utilizing Naprosyn for inflammation as well as a Lidoderm patch. She is also noted to be using an unspecified dose and frequency of tramadol, with no discussion of the effects the medication has on her pain. The clinical note dated 12/09/2013 stated that the patient had a decreased right shoulder range of motion with positive rotator cuff impingement; however, no numerical values were provided. There was also note of a decreased cervical range of motion and myofascial trigger point, in the cervical paraspinal musculature. The patient was encouraged to do exercises at home and has not been released to return to work. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of Electroacupuncture w/infrared and myofascial release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203, Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS/ACOEM Guidelines recommend electroacupuncture to help reduce pain, inflammation, muscle spasm, and to increase blood circulation and analgesia. Frequency and duration of acupuncture should not exceed 1 to 3 times per week, and the time to produce functional improvement is between 3 and 6 treatments. Acupuncture may be extended if functional improvement is documented, for up to 2 months. However, ACOEM Guidelines do not recommend low level laser therapy such as infrared treatment, as it is not supported by high quality medical studies. The current request for 8 sessions of acupuncture exceeds guideline recommendations of a trial of 3 to 6 treatments. Furthermore, the infrared therapy is not supported by guidelines. As such, the request for 8 sessions of electroacupuncture with infrared and myofascial release is non-certified.