

Case Number:	CM14-0003191		
Date Assigned:	01/31/2014	Date of Injury:	05/07/2013
Decision Date:	08/18/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 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/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:

This is a 74-year-old female patient diagnosed with cervical intervertebral disc displacement without myelopathy in a work-related injury on 05/07/13. The mechanism of injury appears to have been gradual onset of symptoms after working for a greater for more than 30 years and then working as a packer. A request for 8 additional acupuncture sessions was modified at utilization to certify 4 sessions on 01/06/14 as the reviewing physician noted the MTUS guidelines recommend time to produce functional improvement 3-6 treatments, frequency 1-3 times per week, and optimal duration of 1-2 months. Therefore 4 sessions was certified this should be adequate to determine the efficacy of this treatment. Previous treatment has included physical therapy, chiropractic treatment, acupuncture, and medication management. MRI of the shoulder dated 08/22/13 revealed acromion flat, laterally downsloping; Acromioclavicular joint osteoarthritis; Coracohumeral distance narrowed; Rotator interval edema; Supraspinatus and infraspinatus tear of the partial bursal; Partial tear of subscapularis and; Biceps tendon anchor tear with retraction of the horizontal segment; Glenoid labrum SLAP type II; Glenohumeral joint subluxed superiorly, articular cartilage thinned; Synovial effusion; Apparent Hill-Sachs defect with sclerotic margins in the posterior lateral aspect of the humeral epiphysis; Subchondral cysts in the proximal humeral epiphysis; Deltoid strain; Subacromial/subdeltoid and subcoracoid fluid which may reflect bursitis and/or secondary rotator cuff tear. Electrodiagnostic study and nerve conduction study performed on 11/11/13 revealed evidence of severe bilateral carpal tunnel syndrome at the wrist. On 11/26/13 patient presented reporting complaints of neck, mid back and low back pain rated at 6-7/10. She reports radiation of pain and numbness down both arms to the hands. She has completed 6 visits of acupuncture and says it helped decrease her pain. She is taking Tylenol as needed for pain, Flexeril as needed for spasm, and uses Lidopro cream. She reports medications help decrease pain and improve her ability to sleep. Objective findings on

examination revealed cervical and lumbar spinal region tenderness to palpation with decreased range of motion in all planes, limited by pain, as well as positive impingement sign. Upper and lower extremity sensation was intact. Strength was 4/5 to the right upper extremity and 4+/5 on the left. Wrist extensors and wrist flexors were 4+/5 bilaterally. Tibialis anterior and EHL were 5-/5 bilaterally. Bilateral upper and lower extremity reflexes were mildly hyperreflexic. Positive Hoffmann's test bilaterally. There was tenderness to palpation in the glenohumeral joint and over the acromioclavicular joint, it was recommended the patient continue with a home exercise program and additional acupuncture 2 times per week for 4 weeks to the neck to further decrease pain and increase activity level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: The CA MTUS indicates that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, with 3 to 6 treatments to produce functional improvement. It also notes that acupuncture may be extended if there is documented functional benefit. In this case, the patient has previously completed acupuncture treatment without objective indication of functional benefit or pain relief. Pain levels appear to be unchanged since prior to acupuncture treatment. There is no documentation of the patient returning to work. There is also lack of evidence of the patient consistently performing an aggressive home exercise program. Furthermore, the body part to be treated is not specified in the request. The request for eight (8) additional acupuncture visits (unspecified body part) is not medically necessary.