

Case Number:	CM14-0116769		
Date Assigned:	08/04/2014	Date of Injury:	08/15/2011
Decision Date:	11/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida and New York. 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:

The injured worker is a 62 year old female injured on August 15, 2011. Clinical note, dated July 17, 2014, indicates that there are ongoing complaints of neck pain, left hip pain, and bilateral shoulder pain. Diagnoses include bilateral shoulder sprain, multilevel disc herniation's of the lumbar spine, trochanteric bursitis of the left hip, right bicipital tendonitis, left hip femoral acetabular impingement, left hip anterior labrum tear, and lumbar spine sprain/strain. The physical examination demonstrated decreased cervical spine and shoulder range of motion. There was a positive Neer's test, cross arm test, Apley's test, and Hawkins test on the right side. Right shoulder was 50 percent of full range of motion. Left shoulder with full range of motion. Full left hip range of motion but with pain. There was also decreased range of motion of the lumbar spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture and oral medications. The number of previous acupuncture treatments were not noted in the records reviewed. Clinical note dated June 5, 2014, the treating physician states the injured worker has benefited from acupuncture in the past and believes she will benefit from additional visits. As of July 17, 2014, the injured worker was working without restrictions. Prior utilization review, dated June 27, 2014, denied requests for additional acupuncture two times a week for six weeks for the bilateral shoulders, left hip, cervical spine, and lumbar spine as well as a subacromial steroid injection for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture two (2) times weekly for six (6) weeks, bilateral shoulders, left hip, cervical, lumbar spine (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Although acupuncture was noted to be helpful in the past - there is no documentation in the records provided how many treatments the injured worker received or to which region the acupuncture was performed. There are no clearly articulated goals regarding the request either. The request for acupuncture to multiple concurrent regions is also unclear, as how can all these regions be treated concurrently due to positioning concerns. The guidelines require a clear functional goal for acupuncture based on past interventions. Since the specifics of the past interventions are unclear, the denial of acupuncture is not medically necessary.

Subacromial corticosteroid injection for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 04/25/2014), Steroid injections, Criteria for steroid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Injections

Decision rationale: The injured worker has signs and symptoms of right shoulder tendonitis with painful range of motion. Previous right shoulder injection was helpful. NSAIDs have not been effective. Physical therapy is being requested for other body regions. Since the injured worker did respond well in the past, and therapy will be addressing other regions, a repeat right shoulder injection is medically necessary with the goal of improving the injured worker's functionality. The guidelines as well concur with shoulder injections when other local more conservative treatments cannot be utilized.