MAXIMUS Federal Services

Case Number:	CM14-0122117		
Date Assigned:	08/06/2014	Date of Injury:	06/11/2012
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Chiropractic, has a subspecialty in Acupuncture 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:

The patient is a 58-year-old male with a date of injury of 6/11/2012. According to the report dated 4/22/2014, the patient complained of constant neck, right shoulder, right elbow, right wrist, and low back pain. The neck pain was aggravated with prolong sitting and lifting. The shoulder pain was aggravated with repetitive use, torqueing, pushing and pulling. The low back pain was aggravated with standing, sitting, bending, stooping, and lifting. Significant objective findings include spasm and tenderness in the paracervical, trapezius, and rhomboids. There was decrease range of motion in the cervical, shoulder, and lumbar range of motion. Right deltoid, shoulder flexor, internal and external rotators motor strength was 2/5. The Phalen's, Tinel's, Spurling's test were negative. There was tenderness and spasms in the lumbar paraspinous and tenderness over the PSIS. Motor strength and sensory exam were unremarkable in the bilateral lower extremity. Straight leg raise was negative up to 80 degrees, negative Fabere's, and Fadir test. Right impingement test was positive on the right shoulder. X-rays of the cervical spine reveal moderate disc space narrowing in C5-6. The lumbar x-ray revealed severe L4-5 disc space narrowing with osteophytes. The patient was diagnosed with cervical and lumbar sprain, unspecified right shoulder findings, with evidence of a persistent rotator cuff tear, normal right elbow examination, essentially normal right wrist examination, and non-industrial Dupuytren's contracture of the ring and small fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1xwk x6wks right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. There was evidence that the patient had prior acupuncture care. However, there was no documentation of functional improvement from the completed acupuncture. In addition, the patient stated in his deposition on 8/14/2013, the patient stated that he was treated with acupuncture and therapy for 2 separate injuries to his right arm and indicated that the treatment did not help him very well. Based on the submitted documents and evidence-based guidelines, the provider's request for 6 acupuncture sessions to the right shoulder is not medically necessary at this time.