

<b>Case Number:</b>	CM14-0142065		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/27/2001
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Internal 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:

The injured worker is who sustained a work-related injury on October 27, 2001. Diagnoses associated with the work-related injury included cervical spine disc bulges with radiculopathy and right shoulder tendonitis. A request for eight (8) visits of acupuncture for the cervical spine and right shoulder and a request for an orthopedic exam and evaluation for a cortisone injection to the right shoulder were non-certified in Utilization Review (UR) on August 18, 2014. The UR physician evaluated this request in accordance with California (CA) Medical Treatment Utilization Schedule (MTUS) recommendations which state that additional acupuncture therapy visits be evaluated with respect to the functional improvement gained from initial acupuncture therapy. The UR physician found that the medical documentation submitted for review did not demonstrate any clinical evidence of functional improvement received from prior acupuncture therapy and therefore determined that additional acupuncture therapy was not medically necessary. With regard to the request for an orthopedic exam and evaluation for a cortisone injection to the right shoulder, the UR physician evaluated this request in accordance with the ACOEM guidelines which recommend that an occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The UR physician found that prior certification had been provided for an evaluation, however there was no documentation that the consultation had been completed and that the requesting provider was unaware of the prior certification of the orthopedic consultation. A request for independent medical review was initiated on August 26, 2014. A review of the medical documentation submitted for independent medical review included a physician progress notes dated March 18, 2014 and April 21, 2014 which indicated that the injured worker had a slight improvement in her neck pain and right shoulder. On physical examination both her cervical spine and her right

shoulder were described as having moderate tenderness to palpation. The evaluating provider documented that the injured worker's response to chiropractic treatment, therapeutic exercises and physiotherapy had been satisfactory and that the duration of pain and ranges of motion had all improved. On April 21, 2014, the evaluating provider requested authorization for acupuncture therapy two (2) times per week for two (2) weeks as a trial. A physician's progress report dated May 27, 2014 indicated that the injured worker's response to acupuncture had been satisfactory and the evaluating physician recommended a continuation of the acupuncture. In addition, he recommended an orthopedic examination and evaluation for a cortisone injection to the right shoulder due to the abnormal MRI scans and her continued, severe, radiating pain and discomfort. The documentation of the May 27, 2014 evaluation did not provide details of specific functional gains / improvement related to the previous acupuncture therapy. The documentation referenced an MRI scans to her cervical spine and right shoulder however, the report of the results was not provided for this review. In addition, the submitted documentation included a previous UR determination dated June 24, 2014 which determined that the injured worker could be sent for an orthopedic consultation only. There is no documentation provided for review of this orthopedic consultation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture x 8 Visits:** Upheld

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

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, acupuncture times 8 visits is not recommended. The ODG recommends acupuncture as an option for rotator cuff tendinitis, frozen shoulder, subacromial impingement syndrome and rehab following surgery. The ODG recommends an initial trial of 3 to 4 visits over two weeks with evidence of objective functional improvement. Total of up to 8 to 12 visits over 4 to 6 weeks is allowed with the appropriate documentation. Acupuncture was under study for the upper back but not recommended for neck pain. 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. In this case, the date of injury was October 27, 2001. As of May 27, 2014, the injured worker complained of neck and right shoulder pain. There was tenderness in the right shoulder with decreased range of motion. There was right shoulder bursitis and cervical spine disc bulging with radiculopathy. Conservative care is been completed and the patient improved somewhat although pain persists and range of motion is decreased. The guideline supports adding acupuncture as an adjunct to the current treatment plan. However, when starting, generally, 3 to 4 sessions over two weeks are appropriate with evidence of objective functional improvement for continuation. Consequently, acupuncture times eight visits is not medically necessary.

## **Ortho Exam Evaluation for Cortisone Injection to the Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations Regarding Referrals, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Consultations, Page 127

**Decision rationale:** Pursuant to the ACOEM, orthopedic exam evaluation for cortisone injection to the right shoulder is not medically necessary. The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the injured worker had persistent pain and tenderness in the right shoulder with improved pain although decreased range of motion. While a referral to the orthopedic surgeon is appropriate for further evaluation and treatment (consultation), it is not reasonable for the primary care physician to request authorization for the cortisone injection in addition to the orthopedic evaluation. The plan or course of care for the injured worker may benefit from additional expertise of the consultant. The cortisone injection would be the consultant's decision. Consequently, orthopedic exam evaluation for cortisone injection to the right shoulder is not medically necessary.