

Case Number:	CM14-0152234		
Date Assigned:	09/22/2014	Date of Injury:	01/28/2014
Decision Date:	10/24/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/18/2014

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 and is licensed to practice in Illinois. 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 male who reported an injury on 01/28/2014. The mechanism of injury occurred when he was using a buffer and it slipped, subsequently hitting him in the left chest. Diagnoses included contusion of the left anterior chest wall, tendonitis of the supraspinatus and infraspinatus tendon of the left shoulder, contusion/sprain/strain of the left forearm, left lateral epicondylitis, and insomnia. Past treatments included physical therapy, acupuncture, chiropractic manipulation, left shoulder injection, and medications. Diagnostic testing included an official x-ray of the left shoulder on 04/11/2014, which was reported as unremarkable. An official MRI of the left shoulder was completed on 04/29/2014, and revealed acromioclavicular osteoarthritis, subchondral cyst formation in the humeral head, and supraspinatus and infraspinatus tendonitis. Surgical history was not provided. The clinical note dated 07/28/2014 indicated the injured worker complained of pain in the left shoulder, stating that acupuncture and medication had provided some relief of symptoms. The physical exam revealed tenderness to palpation over the anterior and posterior shoulder joints and negative Hawkins test. Range of motion was noted as relatively good. Current medications include Mobic 7.5 mg. The treatment plan included 8 acupuncture sessions to the left shoulder and 1 subacromial injection to the left shoulder. The rationale for the request was pain control. The Request For Authorization form was completed on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 Acupuncture sessions to the left shoulder is not medically necessary. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, and reduce muscle spasm. The frequency for use of acupuncture is 1 to 3 times per week, with 6 treatments indicated as the time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. The injured worker had completed at least 8 sessions of acupuncture therapy to the left shoulder. He reported pain in the left shoulder, and stated that acupuncture treatment had been providing him relief of symptoms. There is a lack of clinical documentation to indicate the efficacy of prior acupuncture therapy sessions, including quantified pain relief and functional improvement. Therefore, the request for additional sessions cannot be supported at this time. As such, the request for 8 acupuncture sessions to the left shoulder is not medically necessary.

1 subacromial injection to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections

Decision rationale: The request for 1 subacromial injection to the left shoulder is not medically necessary. The California MTUS/ACOEM Guidelines indicate that if pain to the shoulder with elevation significantly limits activities, a subacromial injection may be indicated after conservative therapy. The Official Disability Guidelines go on to state that the criteria for steroid injections of the shoulder include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. A second injection is not recommended if the first injection resulted in no response. The injured worker previously had a left shoulder injection on 03/20/2014. There is a lack of clinical documentation of the efficacy of the previous injection, including quantified pain relief and functional improvement. There is also a lack of clinical documentation of physical exam findings to support the diagnoses of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Therefore, the request for 1 subacromial injection to the left shoulder is not medically necessary.