

Case Number:	CM14-0157861		
Date Assigned:	10/01/2014	Date of Injury:	09/10/2012
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family 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 51-year-old female patient who reported an industrial injury to the shoulder and multiple body parts on 9/10/2012, over two (2) years ago, attributed to the performance of his usual and customary job tasks reported as a slip and fall. The patient reported right knee, right elbow, and right shoulder pain subsequent to the slip and fall. The patient complained of continued right shoulder pain. The patient has been treated with physical therapy, medications, activity modifications, MRI of the right shoulder, EMG/NCV, MR Arthrogram, and acupuncture the patient is been diagnosed with right shoulder joint pain; right SLAP lesion; neck pain; right sided carpal tunnel syndrome; and right ulnar nerve entrapment at the elbow. The MRI of the cervical spine documented evidence of disc bulging at C5-C6 and C6-C7, but no significant focal disc herniation or impingement upon the spinal cord or foraminal was identified. The MRI of the right shoulder documented evidence of hypertrophy AC joint with small amount of fluid in bursa with no rotator cuff tear. The EMG/NCV of the right upper extremity documented mild carpal tunnel syndrome. An orthopedic consultation documented that the patient was diagnosed with a cervical strain but did not think that shoulder surgical intervention was necessary. The hand specialist referral for the patient resulted in a diagnosis of carpal tunnel syndrome and cubital tunnel syndrome with the recommendation of a surgical release. There was no documentation of the number of received sessions of acupuncture or any documentation of functional improvement provided by the requesting physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 6 to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter-acupuncture

Decision rationale: The request for 2 times 6 additional sessions of acupuncture directed to the right shoulder was not supported with objective evidence of functional improvement with the previous sessions of acupuncture. There was no documentation by the requesting provider whether or not the patient had received any functional improvement from the prior sessions of acupuncture that was previously authorized. There was no sustained functional improvement documented. There was only reported symptomatic relief on a temporary basis. There is no demonstrated medical necessity for 2 times 6 additional sessions of acupuncture. The treating physician requested acupuncture sessions to the right shoulder based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated failure of conservative care or conventional care. The patient is not demonstrated to have intractable pain and is not exhausted all treatment modalities. There are no PR-2s from the acupuncturist documenting functional improvement. There is no documented reduction in the use of medications. The patient has received a brief short course of acupuncture directed to the right shoulder as recommended by the CA MTUS the recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of right shoulder sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the right shoulder. The use of acupuncture is not demonstrated to be medically necessary.