

<b>Case Number:</b>	CM14-0021350		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	10/15/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Interventional Spine 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 patient is a 59-year-old female with date of injury of 10/15/2008. Per treating physician's report on 10/21/2013, the patient presents with neck pain at 3/10, right shoulder pain at 4/10, left shoulder pain at 5/10, bilateral hand pain at 4/10, low back pain at 3/10, jaw pain at 2/10. The patient had an MRI of the right shoulder on 08/14/2013, and the patient has had shoulder surgery. Listed diagnoses are status post shoulder surgery on 02/13/2013, right shoulder surgery on 03/13/2013, cervical spine disk protrusion, bilateral hand pain with deformity, narrowing of the metacarpophalangeal joint of left hand, bilateral thumb trigger fingers, lumbar disk protrusion, right knee suprapatellar bursitis, anxiety, stress, insomnia, GI reflux disease, bilateral wrist sprain/strain of thumb trigger fingers, cervical spine sprain/strain, lumbar spine sprain/strain. Recommendation is for acupuncture treatments 2 times a week for 4 weeks and MRI of the left shoulder due to significant pain to rule out soft tissue trauma, cartilage damage or tendinosis, ligamentous tears. Report from 12/30/2013 has the patient presenting with similar symptoms, left shoulder surgery did not help, has still significant pain, has difficulty performing activities of daily living, has had right shoulder surgery times two including manipulation with anesthesia. Left shoulder surgery for arthroscopy was from 03/15/2013. Range of motion of the left shoulder is diminished for extension, abduction, adduction, and internal/external rotations. There were positive Neer's test and Hawkins-Kennedy test on the left, but negative on the right. Under treatment discussion, awaiting authorization for referral to acupuncture treatments at 2 times a week for 4 weeks, waiting for authorization of MRI study of the left shoulder to rule out internal derangement/recurrent tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TREATMENT 2X4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This patient presents with persistent widespread pain in the neck, bilateral shoulders, low back, and upper extremities. The request was for acupuncture treatment trial 2 times a week for 4 weeks. Review of more than 600 pages of reports did not show evidence that this patient has had acupuncture treatments in the past and there were no acupuncture treatment reports. MTUS Guidelines allow 3 to 6 initial trial sessions of acupuncture before additional acupuncture treatments are recommended. In this case, the request is for 8 sessions, which exceeds initial treatment trial recommended by MTUS Guidelines. Review of the utilization review letters included in the file showed that on 02/04/2014, request for 8 sessions were modified to allow 6 sessions of acupuncture to be arranged through "MedRisk". Recommendation is for denial of 8 sessions. It would appear that trial of 6 sessions was already authorized.

**MRI OF LEFT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS; Official Disability Guidelines (ODG), shoulder chapter for MRI.

**Decision rationale:** This patient presents with persistent left shoulder pain despite left shoulder surgery from 03/15/2013. The treating physician has asked for updated MRI of the left shoulder to rule out internal derangement and re-tear of the rotator cuff. Examination showed positive impingement maneuvers and diminished range of motion of left shoulder. ODG Guidelines do support MRI of the shoulder for suspected internal derangement, labral tears, rotator cuff tears. This patient had surgery from 03/15/2013 and continuous to be symptomatic. Given the suspicion for continued internal derangement or re-tear, updated MRI appears medically reasonable and supported by ODG Guidelines. Recommendation is for authorization.