

<b>Case Number:</b>	CM14-0021918		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgeon and is licensed to practice in New York. 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 case involves a 49 year old female with a date of injury of 02/05/2009. She has had bilateral arthroscopic shoulder surgery however, continues to complain of should pain with numbness in both arms and hands. She continues to have limited shoulder range of motion and pain. Her neurologic examination was normal. The physical examination showed tenderness palpation of the bilateral shoulders, bilateral positive impingement test condition, and slight reduce range of motion bilaterally. The injured worker diagnosis includes post status bilateral shoulder arthroscopic surgery; bilateral elbow strain; bilateral hand strain with possible carpal tunnel syndrome; and post status bilateral subacromial decompressions of the shoulder. The injured worker continues to have difficulties with her upper extremities. The physical examination revealed excellent grip strength, healed bilateral shoulder arthroscopic portals, excellent range of motion without atrophy using each shoulder, and normal bilateral shoulder strength. The issue is whether additional treatments are medically necessary. The primary treating physician requested an additional twelve sessions of acupuncture to treat her pain and to reduce some of her symptoms. Her treatment to date includes, but is not limited to, bilateral, arthroscopic decompression shoulder surgery in 2012, x-rays, MRI's, injections, at least twenty-four physical therapy sessions, pain and anti-inflammatory medications. The injured worker has been off work status since August 30, 2010 and at a Temporarily Totally Disabled state. The utilization review report, dated 1/21/14 non-certified the additional twelve sessions of acupuncture in light of functional improvement of MTUS guidelines. No specifics were provided except for the MTUS guidelines. Therefore, the advisor denied the request for twelve acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: shoulder pain chapter.

**Decision rationale:** Medical records indicate that this patient has had more than adequate amount of physical therapy for his chronic bilateral shoulder condition. The patient has also bilateral upper extremity conditions to include elbow and hand pain. Guidelines do not support the use of acupuncture for bilateral arm postsurgical pain. Exercise program should be encouraged and acupuncture is not medically necessary.

**INTERNAL MEDICINE SURGICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder elbow and hand chapter.

**Decision rationale:** This patient has had extensive surgeries in the upper extremities. The medical records do not support the need for additional surgery. The patient has chronic postsurgical pain in the bilateral upper extremities. There is no role for additional surgical treatment. Medical records do not support additional surgical treatment of bilateral upper extremities. Since surgery is not medically necessary, then internal medical clearance is not medically necessary.

**RIGHT AND LEFT SHOULDER ARTHROSCOPE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES PLUS 2010, SHOULDER COMPLAINTS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter.

**Decision rationale:** This patient has chronic bilateral shoulder pain. She's also had right and left shoulder arthroscopic surgery. The medical records do not support the need for any additional

shoulder surgery. Imaging studies do not exist that demonstrate significant pathology that would warrant surgical intervention. The patient has bilateral arm pain to include shoulders elbows and hands. Bilateral revision shoulder surgery not medically necessary.