

<b>Case Number:</b>	CM14-0024927		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation 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 a 74-year-old male with a reported date of injury on 07/07/2010. The mechanism of injury reportedly occurred when a special needs student attacked the injured worker. The injured worker presented with pain in his neck with bilateral arm radiation. The MRI of the right shoulder dated 10/11/2011 revealed full thickness supraspinatus and partial thickness articular surface tears. The cervical x-rays dated 02/22/2011 revealed C3-4 and C4-5 mild right foraminal stenosis and degenerative changes. The lumbar MRI dated 04/27/2011 revealed degenerative disc disease. The EMG/NCS dated 04/17/2013 revealed right carpal tunnel syndrome. According to the documentation provided for review, the injured worker previously completed approximately 20 sessions of physical therapy, chiropractic care, and 12 sessions of acupuncture. The injured worker rated his pain at 4/10. The physician indicated the injured worker's ranges of motion in the wrist and shoulder were improved. The injured worker's diagnoses included contusion/strain/sprain of the right shoulder, full thickness right supraspinatus tear, right shoulder tendinopathy, right cubital tunnel syndrome, and cervical radiculopathy. The injured worker's medication regimen included Norco, Lidoderm, levothyroxine, simvastatin, losartan, tamsulosin, Bystolic, and fenofibrate. The Request for Authorization for acupuncture x12 and osteopathic treatment was submitted on 02/27/2014. The physician indicated that, according to the injured worker's condition, continuing acupuncture treatments would be helpful and necessary to improve the injured worker's condition. The physician further indicated, the acupuncture sessions were requested to help relieve pain and stress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X12:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct of physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend that the time to produce functional improvement is 3 treatments to 6 treatments with a frequency of 1 time to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the documentation provided for review, the injured worker has previously undergone 12 acupuncture treatments. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees. The guidelines state the time to produce functional improvement is 3 treatments to 6 treatments. The request for an additional 12 acupuncture sessions exceeds the recommended guidelines. In addition, the request as submitted failed to provide the specific site at which the acupuncture was to be utilized. Therefore, the request for acupuncture x 12 is not medically necessary.

**OSTEOPATHIC TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 8 to 10 visits over 4 weeks. According to the documentation provided for review, the injured worker previously participated in physical therapy, chiropractic care, and acupuncture, the results of which were not provided within the documentation available for review. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees. In addition, the request as submitted failed to provide the specific site at which the physical therapy was to be utilized. The request as submitted failed to provide the number of treatments and the duration of treatments being requested. Therefore, the request for osteopathic treatment is not medically necessary.

