

Case Number:	CM14-0046325		
Date Assigned:	07/02/2014	Date of Injury:	03/18/1999
Decision Date:	08/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 60 year old male who reported an injury on 03/18/1999. The diagnoses included pain in joint involving upper arm and pain in joint involving shoulder region, as well as bilateral elbow pain. Prior treatments included a right shoulder open bone spur removal on 09/30/2013, and a cervical epidural steroid injection in 2012. The mechanism of injury was not provided. The medications included: Tylenol with Codeine No. 4, 300-60 mg tablets, Lidoderm 5% patches, and Ambien CR 12.5 mg. The injured worker underwent a Magnetic Resonance Imaging (MRI) of the right shoulder and an x-ray of the bilateral shoulders in 2010. The documentation of 02/06/2014 revealed the medications were working well for the injured worker. The physical examination of the right shoulder revealed movements were restricted with flexion limited to 170 degrees and abduction limited to 165 degrees, limited by pain. The injured worker had tenderness over the acromioclavicular joint on the left shoulder. The examination of the cervical spine revealed the injured worker had hypertonicity and tenderness in the bilateral paravertebral muscles. The Spurling's Maneuver caused pain in the muscles of the neck, radiating to the upper right extremity. The treatment plan included acupuncture for the bilateral shoulders and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Acupuncture for the Neck: 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 indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review failed to provide the injured worker had a reduction in pain medication or an intolerance to pain medication. There was a lack of documentation indicating the acupuncture would be utilized as an adjunct to physical rehabilitation. The request as submitted would be excessive, as the time to produce functional improvement is 3 to 6 treatments. Given the above, the request for acupuncture, 10 visits to the neck is not medically necessary.

10 Sessions of Acupuncture for the Bilateral Shoulder: 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 indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review failed to provide the injured worker had a reduction in pain medication or an intolerance to pain medication. There was a lack of documentation indicating the acupuncture would be utilized as an adjunct to physical rehabilitation. The request as submitted would be excessive, as the time to produce functional improvement is 3 to 6 treatments. Given the above, the request for acupuncture, 10 visits to the bilateral shoulders is not medically necessary.