

<b>Case Number:</b>	CM14-0046921		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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:

The patient is a 57-year-old female who has submitted a claim for subacromial bursitis associated with an industrial injury date of November 12, 2001. Medical records from 2014 were reviewed, which showed that the patient complained of left shoulder numbness, popping, clicking, tingling, and radiating pain, rated 7-8/10. Alleviating factors included heat and ice while aggravating factors included lifting, gripping, and grasping. On physical examination of the left shoulder, there was no misalignment, atrophy, erythema, swelling, warmth, or scapular winging. There was tenderness of the coracoid process and subacromial bursa. There was limitation of range of motion on all planes. Hawkin's and Speed's tests were positive while Neer's, O'Brien's, empty can, subscapularis strength, anterior slide, and Yergason's tests were negative. No dislocation or laxity was appreciated. There was slight weakness of left shoulder abduction. Sensation was decreased on the radial forearm, thumb, and index finger. No recent shoulder imaging studies were included in the records for review. Treatment to date has included medications, an unknown number of acupuncture sessions, and shoulder injections (date of service unknown). Utilization review from March 26, 2014 denied the request for Acupuncture 2x8 left shoulder because there was no indication that the patient was actively seeking physical rehabilitation or surgical intervention; and Cortisone injection left shoulder because there was no documentation of efficacy of prior injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x8 left shoulder:** Upheld

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

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

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, acupuncture was requested because the patient was reluctant to take NSAIDs due to her stage IV renal disease. The records showed that the patient already underwent an unknown number of acupuncture sessions. However, there was no documentation of functional gains. Although acupuncture may be appropriate, continued functional improvement should be documented to allow continuation of treatment. Therefore, the request for Acupuncture 2x8 left shoulder is not medically necessary.

**Cortisone injection left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 271-273.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections.

**Decision rationale:** CA MTUS does not specifically address shoulder steroid injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for steroid injections include: (1) diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems; (2) not controlled adequately by recommended conservative treatments after at least 3 months; (3) pain interferes with functional activities; (4) intended for short-term control of symptoms to resume conservative management; (5) a second injection is not recommended if the first has resulted in complete resolution of symptoms or if there has been no response; and (6) the number of injections should be limited to three. In this case, records showed that the patient underwent previous shoulder injections, which has helped significantly. However, there was no documentation of objective evidence of functional benefit. Furthermore, the number of previous injections was not documented and guidelines limit the number of injections to three. Therefore, the request for Cortisone injection left shoulder is not medically necessary.