

Case Number:	CM14-0053176		
Date Assigned:	07/07/2014	Date of Injury:	07/17/2009
Decision Date:	09/30/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

This is a 49-year-old female with a 7/17/09 date of injury, when she injured her hands, wrists, fingers and forearms due to repetitive work. The patient underwent right deQuervain surgery in 2011 and right shoulder surgery in 2012. The UR decision dated 11/12/13 certified 3 sessions of acupuncture for bilateral wrist and right shoulder. The patient was seen on 2/12/14 with complaints of 3/10 right shoulder pain. Exam findings of the right shoulder revealed flexion 165 degrees, external rotation 80 degrees and internal rotation 70 degrees, unchanged from the last visit. The patient was seen on 3/20/14 with complaints of constant severe right shoulder pain and stiffness radiating to the neck, intermittent moderate right elbow pain, intermittent left wrist pain and stiffness radiating to the hand with numbness, tingling and weakness. The examination of the right shoulder revealed: the range of motion in all places within normal limits, tenderness to palpation of the anterior shoulder, posterior shoulder and trapezius, muscle spasm of the trapezius and normal Hawkins's test, Yergason's test and normal supraspinatus press test. The diagnosis is status post right deQuervain's surgery, bilateral carpal tunnel syndrome, status post right shoulder surgery, and right lateral epicondylitis. Treatment to date: work restrictions, medications, and acupuncture. An adverse determination was received on 3/14/14 given that the patient completed 3 sessions of acupuncture and there were no findings of progressive deficits that would support continued need for additional acupuncture and that the patient should be progressed to an independent home exercise program focusing on stretching/strengthening and use of hot/cold packs for pain/spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2-3 x 6 right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. However, ODG states that among those shoulder indications found to have positive outcomes from acupuncture were rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following arthroscopic acromioplasty. Additionally, ODG supports an initial trial of 3 to 6 visits. The UR decision dated 3/12/13 approved 3 acupuncture sessions for the patient's right shoulder and bilateral wrist. However, there is a lack of documentation indicating subjective or objective functional gains from the treatment. In addition, the physical examination dated 3/20/14 revealed normal range of motion of the right shoulder. There is no rationale with regards to the additional acupuncture sessions for the right shoulder. Therefore, the request for Additional acupuncture 2-3 x 6 right shoulders is medically necessary.