

Case Number:	CM14-0055387		
Date Assigned:	07/09/2014	Date of Injury:	02/26/2012
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 2/26/12 date of injury, when she injured her right shoulder performing repetitive motion at work. The patient was seen on 3/17/14 with complaints of 8/10 pain in the right shoulder, increased with internal rotation and abduction. Exam findings of the right shoulder revealed tenderness of the right lateral tip of the shoulder, abduction 80 degrees and positive Arc test on the right. Motor strength was 5/5 in all muscle groups bilaterally, reflexes and sensation was normal in both upper extremities. The patient stated that her condition was worsening and that she was compliant with her treatment regimen, which included acupuncture and medication. She was advised to modify her activities at work. The acupuncture evaluation progress report dated 4/2/14 stated, that the patient's Disability, Arm, Shoulder and Hand (DASH) index was 75.9% on 3/6/14 and remained the same on 3/28/14. The patient's General Pain Index was 34/60 on 3/6/14 and increased to 36/60 on 3/28/14. The patient's range of motion in the right shoulder was as followed: abduction 55 degrees on 3/6/14 and 65 degrees on 3/28/14; forward flexion 95 degrees on 3/9/14 and 85 degrees on 3/28/14; the patient was able to reach her hand up to L1 level on 3/6/14 and up to L4 level on 3/28/14. The patient reported no change in her symptoms. The diagnosis is right shoulder impingement syndrome. Treatment to date: 6 acupuncture sessions and medication. An adverse determination was received on 4/10/14 and determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder, 1-2 times a week for 3-4 weeks (6 total treatments):
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, Acupuncture Treatment Guidelines. 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. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation). The acupuncture evaluation progress report dated 4/2/14 stated that the patient underwent 6 acupuncture treatments to date 3/28/14. However, the patient received very minimal functional improvement with regards to her shoulder. In addition, she stated that she did not notice any change in her symptoms. There is no rationale with regards to additional acupuncture treatments and it is not clear, why the patient should continue the treatment that did not benefit her. Therefore, the request for Acupuncture for the right shoulder, 1-2 times a week for 3-4 weeks (6 total treatments) was not medically necessary.