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| Case Number: | CM14-0064101 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 06/18/2013 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 04/21/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 52-year-old female who has submitted a claim for shoulder and upper arm sprain and strain, joint effusion, thoracic sprain, neck sprain, and brachial neuritis or radiculitis, associated with an industrial injury date of June 18, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of frequent, moderate, sharp neck pain rated 7/10, radiating to the left shoulder; frequent, moderate left shoulder cramping and aches rated 8/10, radiating to the left hand; frequent, moderate, sharp upper back pain rated 7/10; intermittent, mild, dull low back pain rated 3/10 with numbness; and intermittent, mild right knee sharp pain rated 4/10. She underwent left shoulder extensive debridement of subscapularis and labrum, supraspinatus rotator cuff repair, and subacromial decompression on November 14, 2013. She also underwent right shoulder surgery in 2005. Physical examination showed limitation of motion of the cervical spine and left shoulder; left trapezius, biceps, deltoid and A/C joint tenderness; positive Foraminal compression and Jackson compression tests; positive Impingement and Apprehension tests of the left shoulder; positive Kemps, Elys and iliac compression test bilaterally, and positive Bechtrews on the right; positive Apley's Distraction and Compression on of the right knee; and positive Tinel's sign bilaterally. EMG studies of the cervical spine and upper extremities done on March 26, 2014 showed normal findings, while NCV of the of the upper extremities revealed mild carpal tunnel syndrome, right. MRI of the left shoulder obtained on September 17, 2013 revealed moderate acromioclavicular joint arthrosis; near full-thickness articular surface tear of the supraspinatus tendon; infraspinatus tendinosis; and scarring in the rotator cuff interval, consistent with chronic capsulitis/ adhesive capsulitis. The diagnoses were cervical radiculopathy; cervical sprain/strain with multi-level IVD; thoracic sprain/strain; lumbar sprain/strain with multi-level IVD; carpal tunnel syndrome; status post left shoulder surgery; and right knee sprain/strain. Treatment plan includes requests for additional

acupuncture and shockwave therapy of the left shoulder. Orthopedic surgeon referral for the thoracic spine was also recommended. Treatment to date has included oral and topical analgesics, muscle relaxants, activity modification, subacromial injection (undated), physical therapy, home exercises, acupuncture, and bilateral shoulder surgery. Utilization review from April 21, 2014 denied the requests for additional acupuncture 2 x 4 of the left shoulder and orthopedic surgeon referral for thoracic spine, evaluate and treatment recommendation, because outcome of concurrent request for pain management referral and medication management should first be assessed prior to considering additional acupuncture and specialty consultations. The request for shockwave therapy of the left shoulder x 3 sessions cervical spine was denied as well because the primary indication (calcific tendinitis) for this treatment modality is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 x 4, left shoulder, Total = 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated. It may be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture treatments may be extended if functional improvement is documented. In this case, the patient previously received acupuncture treatment. However, there was no evidence of overall pain improvement or functional benefit from previous treatment. The guideline requires documentation of functional improvement for additional treatment. Moreover, there was no evidence that medications were reduced, not tolerated, or has failed to relieve pain. The medical necessity for additional treatment has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for additional acupuncture 2 x 4, left shoulder, total = 8 is not medically necessary.

Orthopedic surgeon referral thoracic spine, evaluate and treatment recommendations:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if

a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, the diagnosis included thoracic spine sprain/strain. However, most recent physical examination of the thoracic spine was not provided. There was no objective evidence of the complexity of the condition that warrant consult with a specialist. There was no clear rationale for the request. Therefore, the request for orthopedic surgeon referral thoracic spine, evaluate and treatment recommendations is not medically necessary.

Shock Wave Therapy, left shoulder x 3 sessions, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities, such as ultrasound treatment, etc. are not supported by high-quality medical studies. ODG recommended extracorporeal shockwave therapy for calcifying tendinitis but not for other shoulder disorders. There is no evidence of benefit in non-calcific tendinitis of the rotator cuff, or other shoulder disorders. In this case, MRI of the left shoulder revealed rotator cuff tear. There was no mention of calcific tendinitis in this patient based on the medical records submitted. There was also no evidence of failure of conservative management to relieve pain. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. In addition, treatment plan from progress report dated March 17, 2014 only recommended ESWT (extracorporeal shockwave therapy) for the left shoulder. There was no clear rationale for the request of ESWT for the cervical spine. Therefore, the request for shock wave therapy, left shoulder x 3 sessions, for cervical spine is not medically necessary.