MAXIMUS Federal Services

Case Number:	CM14-0085240		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 case of a 40-year old male who has filed a claim for lumbar spine radiculopathy, right shoulder internal derangement; status post right forearm surgery associated an industrial injury date of 11/13/2013. Medical records from 2013 to 2014 were reviewed. Latest progress reports reveal that he has had progressively worsened lower back and right shoulder pain as a result of his accident. He indicated that he has already attended approximately 20-30 therapy sessions. He still complains of pain of 5/10 sharp, throbbing and aching right shoulder pain associated with numbness and tingling into the arm and hand and constant, sharp, stabbing and shooting pain in his lower back. This pain increases with activities of daily living. Certain movements and activities also increase his pain levels. He states his pain is worsened by prolonged sitting, prolonged standing, prolonged walking, walking on uneven surfaces, repetitive bending, repetitive neck bending, overhead reaching, repetitive twisting, repetitive lifting, repetitive carrying, pushing, pulling, climbing, and lifting heavy objects. He shares that his pain is reduced with rest, activity modification, medications, and ice. On physical examination, the patient was noted to have slow, guarded gait as he feels weakness and instability of lower extremities. There is moderate tenderness at the acromioclavicular joint and upper trapezius on the right shoulder and moderate spinal tenderness, muscle guarding, and spasms bilaterally at the L3-L4, L4-L5, L5-S1, and S1 levels. There is decreased range of motion to the right shoulder and lumbar spine. Treatment to date has included post-right hand surgery, medications, physical therapy, acupuncture, electrical stimulation therapy, ice compression therapy, neuromuscular re-education, myofascial/soft tissue therapy, joint mobilization, and biofeedback training. Medications taken have included Menthoderm gel, Cyclobenzaprine, Omeprazole, Tramadol, Terocin, Gabacyclotram, Genivin, and Somnicin. Utilization review dated 05/06/2014 modified the request for 6 acupuncture visits for the right shoulder to 4 authorized visits. Considering that

the patient remains symptomatic despite physical therapy, an abbreviated course of acupuncture may be reasonable in an attempt to abate his symptoms. The guidelines recommend an initial trial of 3-4 visits. Pending the patient's response to this initial course of treatment, further recommendations may be forthcoming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to right should 2x3: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Acupuncture: Official Disability Guidelines, Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According the CA MTUS Acupuncture Medical Treatment Guidelines, 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 frequency and duration of acupuncture is as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the patient is requested to have an initial course of acupuncture as an adjunct to her physical therapy to hasten her functional recovery. Since, according to CA MTUS, the time to produce functional improvement may range from 3-6 visits, the request for acupuncture to the right shoulder 2x3 is medically necessary.