MAXIMUS Federal Services

Case Number:	CM14-0168031		
Date Assigned:	10/15/2014	Date of Injury:	02/14/2010
Decision Date:	02/25/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 72 year old male worker who was injured while unloading pallets off of a truck. The overhead door fell on his head injuring his head, neck and right shoulder. The date of injury was February 14, 2010. Diagnoses include apparent concussion-healed and resolved, chronic cervical strain/sprain-superimposed upon physiologic multilevel cervical spondylosis and exacerbation of underlying right shoulder osteoarthritis necessitating eventual right total shoulder arthroplasty in July of 2011. On March 27, 2014, the injured worker complained of right shoulder region pain describing it as achy to sharp with limitation of range of motion of the right shoulder. He also noted intermittent pain radiating from the right aspect of the neck into the posterior shoulder region. He described the frequency of pain in the neck and right shoulder region as intermittent, being present 50% of the time. The pain was rated as a 4-6 on a 1-10 pain scale. He had difficulty with range of motion of the right shoulder and stated the pain cased the inability to perform his work duties. Physical exam of the right shoulder showed minimal tenderness to palpation. The range of motion for active abduction was 70 degrees, passive abduction 90 degrees, active flexion 90 degrees, passive flexion 110 degrees and external rotation 45 degrees. Imaging studies of the right shoulder revealed a well-positioned right total shoulder arthroplasty with apparent polyethylene component. Physical exam of the cervical spine revealed diffuse mild tenderness in the bilateral paracervical regions and upper trapezial areas. Range of motion of the cervical spine was mildly limited and irritable with flexion 80% of normal, extension 50% of normal and tilt and rotation 75% of normal. Imagng studies of the cervial spine revealed multilevel diffuse physiologic spondylolytic changes including peridiscal

osteophytes at C3-4, C4-5, C5-6 and C6-7. The pain was stated to be reduced with medication and rest. Home exercises were also listed as treatment. A request was made for acupuncture 2x4 for cervical spine and right shoulder and pain management specialist. On July 10, 2014, utilization review denied the request for acupuncture 2x4 for cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 for cervical spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and shoulder pain. He underwent a right shoulder replacement in July 2011 with poor outcome. Prior treatments have included physical therapy and medications. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of requested treatments is in excess of recommended guidelines and therefore not medically necessary.