MAXIMUS Federal Services

Case Number:	CM14-0189155		
Date Assigned:	11/20/2014	Date of Injury:	03/01/2001
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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 licensed in Acupuncture 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 61 year old male sustained cumulative industrial injuries which were reported on 03/01/2001. The results of the injury included pain in the entire right upper extremity most notably in the right shoulder, right wrist and right index finger. The injured worker was previously diagnosed with tendinitis in the right shoulder and a ganglion cyst in the right index finger (digit). Treatment to date has included conservative treatments, therapy, corticosteroid injections, surgical excision of mass to the right index digit (2001), bilateral carpal tunnel releases (2006), and 8 sessions of acupuncture (09/02/2014 - 10/2/2014). Diagnostic testing has included a MRI of the right shoulder in 2002 in which results were not provided. An x-ray of both hands showed degenerative changes. According to the orthopedic evaluation, dated 06/23/2014, current complaints included pain, weakness, tenderness and limited range of motion (ROM) in the right shoulder and right wrist with pain and paresthesias radiating from the wrist into the hand and digits, numbness and tingling in the right digits, aching discomfort in all digits, and complaints of residual scarring, deformity and tenderness in the right index finger. The exam of the right shoulder revealed no soft tissue swelling, tenderness to palpation, AC joint or bicipital tenderness, or irritability. Impingement, grind, apprehension, and relocation signs were negative. There was no instability or paresthesias with motion found. Rotator cuff, deltoid and bicep strength tests were noted to be satisfactory. Range of motion in the right shoulder revealed: flexion 175 degrees, abduction 175 degrees, extension 45 degrees, external rotation 50 degrees, internal rotation 60 degrees, and adduction 40 degrees. Greater passive range of motion without obvious adhesive capsulitis was also reported. The right elbow exam was normal. The right wrist and hand exam showed tenderness to palpation over the carpal canal, a positive Phalen's sign and median nerve compression sign. Testing for Tinel's, Finkelstein's, Watson's, and Allen's signs were all negative. Range of motion in the right digits was satisfactory. The right hand was noted

to demonstrate stigmata of osteoarthritis with Heberden's nodes and the reoccurrence of the ganglion cyst. Current diagnoses include right rotator cuff tendinitis and impingement syndrome, status post right carpal tunnel release, status post excision of the index digit ganglion cyst, degenerative joint/disc disease of the right hand, and chronic right median nerve neuropathy. The acupuncture was requested for the treatment of shoulder tendinitis and rotator cuff syndrome. The injured worker was referred for a trial of acupuncture. It was noted that the injured worker had been taking non-steroid anti-inflammatory drugs (NSAIDs), but had been requested to stop these medications due to the effects on the injured worker's blood pressure. Prior to the trial of acupuncture, the injured worker's pain was increased. Activities of daily living were unchanged. Work functions were unchanged as the injured worker had not worked since 2001. The acupuncture progress report, dated 10/02/2014, did not reveal any documented decrease in pain, improvement in functional deficits, or a decreased need for medical care. Dependency on medical care remained unchanged. On 10/15/2014, Utilization Review non-certified a prescription for 12 additional acupuncture visits (continued 2 times/week times 6 weeks) for the right shoulders which was requested on 10/02/2014. The additional acupuncture was non-certified based on exceeding the guidelines with insufficient documented functional improvement and or decrease in dependency on medical care. The MTUS Acupuncture guidelines were cited. This UR decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture treatments to the right shoulder twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had 8 prior acupuncture treatments with no documented benefits. Since the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.