

Case Number:	CM14-0190088		
Date Assigned:	11/21/2014	Date of Injury:	06/14/2014
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of June 14, 2014. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for six sessions of acupuncture, stating that the applicant should complete previously authorized manipulative treatment for considering acupuncture. A pain management consultation was approved. Shoulder MRI imaging was denied on the grounds that the claims administrator posited that the applicant should complete previously authorized manipulative therapy. The claims administrator stated that its decision was based on a progress note dated September 3, 2014 and RFA forms dated September 3, 2014 and October 15, 2014. The applicant's attorney subsequently appealed. In a September 3, 2014 initial report, the applicant apparently transferred care to a new primary treating provider, a chiropractor (DC). The applicant presented with multifocal complaints, including low back pain, mid back pain, and right shoulder pain, 4-9/10. The applicant was using Norco, tramadol, and Flexeril, it was acknowledged. The applicant exhibited fairly well preserved shoulder range of motion with abduction to 175 degrees bilaterally and 170 degrees bilaterally. The applicant exhibited shoulder strength apparently scored at 4/5 in one muscle group, in the supraspinatus, virus 5/5 in the remainder of the muscle groups. Positive signs of internal impingement were appreciated. The requesting provider posited that the applicant's shoulder pain was suggestive of a right-sided rotator cuff tear and that said condition had failed to resolve with conservative treatment. Lumbar MRI imaging was sought, along with shoulder MRI imaging. It was suggested that the applicant was working elsewhere, in a new capacity. In an October 15, 2014 progress note, the applicant reported 6-7/10 shoulder pain. The applicant was having some difficulty lifting his arm. The applicant was out of Norco. 4/5 shoulder strength was noted with diminished range of motion appreciated on this occasion, from 90-130

degrees of flexion. The applicant was given a presumptive diagnosis of rotator cuff tear. The applicant was returned to regular duty work, seemingly on the grounds that his job did not require heavy lifting.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR RIGHT SHOULDER/LUMBAR (1X6) 6 SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a first-time request for acupuncture, both the requesting provider and claims administrator have acknowledged. As noted in MTUS 9792.24.1.a, acupuncture can be employed for a wide variety of purposes, including as an adjunct to physical rehabilitation, to reduce pain, reduce inflammation, promote relaxation, etc. Therefore, this first-time request for acupuncture is medically necessary.

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears, the former of which appears to be present here. The applicant has been described on multiple office visits of September and October 2014, referenced above, as exhibiting progressively worsening shoulder range of motion, 4/5 shoulder strength in the supraspinatus muscle group, positive signs of internal impingement, i.e., findings suggestive of a partial-thickness rotator cuff tear. Several months of conservative treatment including time, medications, physical therapy, manipulative therapy, etc., have proven inadequate to ameliorate the applicant's shoulder pain complaints. Moving forward with MRI imaging, likely as a precursor to pursuit of a surgical remedy, is indicated. Therefore, the request is medically necessary.