

Case Number:	CM14-0196807		
Date Assigned:	12/04/2014	Date of Injury:	03/22/2013
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Chiropractor (DC), has a subspecialty 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:

According to the records made available for review, the injured worker is a 62 year-old female with a date of injury of 03/22/2013. The results of the injury involved the right shoulder, right arm, and right hand. Diagnoses include right shoulder impingement rotator cuff strain, and bicipital tendinitis status post right shoulder arthroscopy decompression and lysis of adhesions for history of frozen shoulder, performed in 2009, for which there is persistent symptomatology; and chronic pain syndrome. Diagnostic studies have included a Magnetic Resonance Imaging (MRI) of the right shoulder, performed on 11/08/2013. According to a physiatrist evaluation note, dated 01/30/2014, MRI was remarkable for mild to moderate rotator cuff tendinosis with intrasubstance degeneration and mild thickening of the supraspinatus, moderate tenosynovitis of the proximal biceps tendon, and degeneration of superior labrum. Treatments have included medications, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and physical therapy sessions. The injured worker has a history of right shoulder arthroscopy decompression and lysis of adhesions for frozen shoulder performed in 2009. Medications used by the injured worker include Ibuprofen, topical Terocin patches, LidoPro lotion, and Ambien. A progress note from the treating physician, dated 10/08/2014, notes that the injured worker was seen for evaluation of the right shoulder and right wrist. On this date, subjective reports include pain in the right shoulder with movements, as well as stiffness in the right wrist. Objective data include tenderness along the trapezius and shoulder girdle on the right; full abduction of the right shoulder with discomfort; positive impingement and Hawkins sign; and no discomfort on right wrist exam. Furthermore, the treating physician reports that there is an element of numbness and tingling on the dorsum of the right hand suggestive of irritation along C6-C7 distribution likely stemming from the cervical spine. Work status is listed as currently not working. The treating physician's plan of treatment included 12 sessions of chiropractic with massage and 12 sessions

of acupuncture, hot and cold compression garment, and continuation of Terocin patches and LidoPro lotion. Request is being made for Acupuncture 3xWK x 4WKS, Neck, and Shoulder. On 10/24/2014 a Utilization Review denied a prescription for Acupuncture 3xWK x 4WKS for Neck, Shoulder. The Utilization Review non-certified a prescription for Acupuncture 3xWK x 4WKS, Neck, and Shoulder based on the lack of clear and concise rationale for the requested services. As well, the UR noted that there is no history to document prior conservative care, with the exception of DME usage, or any other prior modalities employed. The Utilization Review cited the CA MTUS 2009: Acupuncture Medical Treatment Guidelines and ACOEM Guidelines. Application for independent medical review was made on 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3xwk X 4wks, Neck, Shoulder is not: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for 12 acupuncture visits exceeds the guidelines recommendation. Therefore, the provider's request is not medically necessary. Acupuncture care beyond the 6 initial visits is recommended if there is documentation of functional improvement. Therefore the request is not medically necessary.