

<b>Case Number:</b>	CM15-0104690		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 46-year-old male who sustained an industrial injury on 2/20/13. Injury was reported relative to unloading boxes weighing approximately 40-60 pounds as a packer. Past surgical history was positive for right shoulder arthroscopy with subacromial decompression, bursectomy and partial acromioplasty on 3/11/14. The 5/23/13 left shoulder MRI demonstrated a low-to-moderate grade articular sided partial thickness tear of the supraspinatus anterior and mid tendon fibers at the footprint with a rim rent appearance, focal low-grade, articular sided partial thickness tear of the infraspinatus anterior and mid-portion at the footprint with acromioclavicular joint osteoarthritis, mild labral blunting, and fraying posterior superiorly. The 4/23/15 treating physician report cited intermittent grade 7/10 bilateral shoulder pain, left greater than right, with numbness and tingling. He reported that his pain was worsening and he had right shoulder swelling. He also reported constant grade 4-5/10 neck pain and grade 2-3/10 bilateral wrist pain. Pain was aggravated by repetitive neck motion, overhead reaching, carry, and hand and arm movement, pushing, pulling, grasping, heavy lifting, and cold weather. Pain was reduced with rest, activity modification and heat. He had been receiving chiropractic treatment and was taking Celebrex and Glucosamine, which he found helpful. Physical exam documented moderate left acromioclavicular joint, supraspinatus, and upper trapezius tenderness. Supraspinatus resistance test was positive bilaterally. Hawkins-Kennedy, impingement maneuver, Codman drop arm test, and apprehension test were positive on the left. Range of motion was documented right/left as flexion 160/150, extension 40/40, abduction 180/180, adduction 40/30, and internal/external rotation 70/70 degrees. The diagnosis included chronic bilateral rotator cuff tear tendinopathy, partial bilateral rotator cuff repair,

bilateral acromioclavicular joint arthrosis, and left subscapularis tendinosis. The treatment plan included acupuncture 2x6 for the right shoulder post-operatively to decrease pain levels while helping to increase functional capabilities, and left shoulder arthroscopy per QME recommendations. The 5/14/15 utilization review non-certified the request for left shoulder arthroscopy as there was no documentation of an x-ray, MRI, or conservative treatment. The request for acupuncture 2x6 for the left shoulder was non-certified as the injured worker's pain was reduced with rest, activity modification, and heat, and he was receiving chiropractic treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Shoulder Arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome; Surgery for rotator cuff repair.

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement surgery and rotator cuff repair. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement. Guideline criteria have not been met. This injured worker presents with persistent and worsening left shoulder pain. Clinical exam findings were consistent with imaging evidence of partial thickness rotator cuff tear and plausible impingement. There was no documentation of a diagnostic injection test. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial to the left shoulder and failure has not been submitted. Therefore, this request is not medically necessary at this time.

#### **Acupuncture 2x week x 6 weeks for the Left Shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. This injured worker presents with left shoulder pain with clinical findings of impingement. There is no evidence that pain medication has been reduced, not tolerated, or ineffective. Benefit is reported with rest, activity modification, and heat. This request for 12 acupuncture visits also exceeds guidelines recommendations for 3-6 visits of initial treatment to assess functional benefit. Therefore, this request is not medically necessary.