

Case Number:	CM15-0106171		
Date Assigned:	06/10/2015	Date of Injury:	03/16/2013
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 30 year old female patient who sustained an industrial injury on 3/16/2013 due to cumulative trauma. Diagnoses include right shoulder impingement syndrome. Per the PR-2 note dated 4/28/2015 she had complaints of upper, mid, and low back, bilateral shoulders, neck, right arm, right side, and right hip pain with muscle spasms and occasional tingling in the right arm and hand. The medications list includes tylenol, percocet, norco, zofran and cyclobenzaprine. She has undergone right shoulder arthroscopic surgery on 11/12/2013. She has had multiple diagnostic studies including EMG/NCS dated 11/18/14 with normal findings, left shoulder MRI dated 11/11/2014; MRI right shoulder dated 9/18/2013. She has had physical therapy, 6 acupuncture visits and neuro-feedback for this injury. Recommendations include H-wave therapy, acupuncture, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral shoulder and low back Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Q-- Acupuncture for bilateral shoulder and low back Qty: 6, MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." Patient has already had 6 acupuncture visits. There is no evidence of significant ongoing progressive objective functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. The medical necessity of Acupuncture for bilateral shoulder and low back Qty: 6 is not fully established in this patient at this time.

H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 117-118H-wave stimulation (HWT).

Decision rationale: Q-H-wave unit, Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence of failure of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of H-wave unit is not fully established for this patient at this juncture.