

Case Number:	CM15-0130781		
Date Assigned:	07/23/2015	Date of Injury:	08/06/2014
Decision Date:	08/19/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Oriental Medicine

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 73-year-old female who sustained a work related injury August 6, 2014. While trying to sit on a high chair, she slipped and fell to the floor, with injury to her left shoulder, left side of face, and knees. She was seen in the emergency department and diagnosed with a fractured left clavicle. She fell once more, two weeks after the initial injury, trying to get out of bed with increased pain through the left clavicle. She was treated with physical therapy, acupuncture, Lyrica, Oxycontin and stellate gaglione block. After the first block, she had jaw and temple pain and became diaphoretic, and a transient Horner's Syndrome that has since resolved. Past history included right breast cancer status post surgery and radiation therapy, thyroidectomy, lumbar laminectomy, degenerative arthritis, polymyalgia rheumatic. A neurology physician's evaluation dated March 13, 2015, assessment revealed; status post trauma to the left shoulder, decreased pin sensation on the lateral aspect of the arm, and resolved reflex sympathetic dystrophy syndrome. According to clinical notes, dated June 2, 2015, the injured worker presented with pain in the left mid clavicle and pectoral area. If she moves her neck she has pain radiating to the clavicular area. She primarily uses her right arm and now has right shoulder pain. She complains of numbness in the left upper extremity and occasional tingling in the left forearm and wrist, with episodic burning of the left wrist. She reports trouble with memory, fatigue, difficulty with word finding and pronouncing, labile mood with crying at times, and dizziness without vertigo. An MRI of the cervical spine, dated April 26, 2015, revealed mild disc dissection, slight disc narrowing and 2.5 mm of eccentric right broad based disc protrusion with mild right foraminal narrowing. An MRI of the brain, dated April 28, 2015, revealed diffuse mild atrophic changes which is stable, small focal signal alteration in the pons consistent with an old lacunar infarct. Assessments are closed fracture of shaft of clavicle; non-union of fracture; rotator cuff syndrome; traumatic brain injury; adjustment disorder with depressed mood; cervicgia; brachial plexopathy. At issue, is the request for authorization for

additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 weeks, for the left shoulder/clavicle and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc) directly attributed to such care. In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines criteria (x 12), the request for additional acupuncture is not medically necessary or supported.