

Case Number:	CM15-0181015		
Date Assigned:	09/22/2015	Date of Injury:	04/22/2010
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56 year old male, who sustained an industrial injury on 4-22-2010. The injured worker was diagnosed as having multi-level cervical disc disease-stenosis, right cervical radiculopathy, and post-operative right shoulder arthroscopy. Treatment to date has included diagnostics, right shoulder surgery 3-2011, right shoulder Lidocaine injection 6-29-2015, physical therapy, and acupuncture (at least 8 sessions). Currently (8-13-2015), the injured worker complains of continued right shoulder pain, rated 7 out of 10 (unchanged from exam on 4-21-2015, 6-02-2015, and 7-13-2015), described as "intermittent, alternating with burning, stabbing, throbbing pain associated with weakness". He completed 4 physical therapy sessions and it was documented that acupuncture was more beneficial and he completed 8 sessions with "great relief of neck and shoulder pain in the past". Objective findings included guarded cervical motions, cervical range of motion 50% as expected, equivocal blunting to pin sense, and slight weakness in right tricep and grip. His work status remained total temporary disability. His current medication regimen was not documented. The treatment plan included additional acupuncture to the right shoulder and neck x8, non-certified by Utilization Review on 8-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, right shoulder and neck QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly 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. The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery, and additionally specifies the initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) The medical records indicate that a utilization review has approved for a trial course of 8 acupuncture sessions. Although there was improvement in pain, there is no evidence provided that indicates the patient has experienced functional improvements as a results of acupuncture. As such, the request for Additional acupuncture, right shoulder and neck QTY: 8 is not medically necessary.