

Case Number:	CM15-0029649		
Date Assigned:	02/23/2015	Date of Injury:	06/04/2013
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: Chiropractor, 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 55 year old male, who sustained a work related injury on 6/4/13 when he was involved in a motor vehicle accident while riding a motorcycle for business purposes and sustained a fracture to C7, T1, and the left distal fibula along with right knee medial meniscus tear. On 8/25/13 he developed a left lower extremity deep vein thrombosis with pulmonary embolism. He has reported pain with injuries to the left foot, left ankle, right shoulder, and right knee. Prior medical history includes hypercholesterolemia, cervical spine fusion, and bilateral pulmonary embolism. The diagnoses have included right shoulder atrophy and adhesive capsulitis, right knee medial meniscus tear, cervical spondylosis without radiculopathy, left distal fibular fracture. Treatments to date included prior conservative, splinting, acupuncture treatments, physical therapy, s/p right shoulder manipulation under anesthesia on 1/7/15. Diagnostics included a Magnetic Resonance Imaging (MRI) of the right knee that demonstrated intrasubstance tear within the posterior horn of the medial meniscus with early chondromalacia. A MRI of the cervical spine showed advanced cervical spondylosis with minimal canal narrowing at C3-4 and C4-5, foraminal narrowing at C5-6 and C6-7. Medications included Xarelto. The treating physician's report (PR-2) from 1/21/15 indicated the IW complained of right shoulder pain that was rated 7/10 and was s/p manipulation of the right shoulder. As a result, the IW claimed the surgery flared up the neck pain. Examination revealed right shoulder decreased range of motion, abduction and forward flexion was 10 degrees, no extension and adduction was also affected, external rotation strength testing was graded 3/5 to 4/5. Drop arm test was positive as well as impingement sign. On 2/2/15, Utilization Review non-certified

Acupuncture for the right shoulder, 2 times a week for 3 weeks , noting the California Medical treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), Chapter 9, Shoulder Complaints; Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the guidelines make no recommendation on the number of acupuncture sessions. Therefore an alternative guideline was consulted. Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient received acupuncture treatments in the past. It was noted that the patient was feeling better and rates overall percentage of improvement at 70-72% in regards to the right shoulder. There was no documentation of functional improvement from prior acupuncture care. Therefore, the provider's request for 6 additional acupuncture sessions to the right shoulder is not medically necessary at this time.