

Case Number:	CM15-0210835		
Date Assigned:	10/29/2015	Date of Injury:	08/13/2015
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 31 year old female who sustained an industrial injury on 8-13-15. A review of the medical records indicates she is undergoing treatment for bilateral shoulder sprain and strain - rule out derangement, bilateral elbow sprain and strain - rule out derangement, bilateral wrist sprain and strain - rule out carpal tunnel syndrome, low back pain, lumbar spine sprain and strain, and radiculitis of the lower extremity. Medical records (9-1-15) indicate complaints of burning pain in bilateral shoulders that radiates to the arms to the fingers. The pain is associated with muscle spasms and she rates the pain "7 out of 10". She complains of burning pain of bilateral elbows and muscle spasms, rating the pain "7 out of 10". She complains of burning pain in bilateral wrists with muscle spasms and rates the pain "7 out of 10". She also complains of burning, radicular low back pain with muscle spasms. She rates the pain "7 out of 10". The low back pain is associated with numbness and tingling of the bilateral lower extremities. The physical exam reveals tenderness to palpation at the AC joints of bilateral shoulders. The treating provider indicates "there is AC joint arthrosis noted". Tenderness to palpation is also noted at the trapezius, rhomboid, and levator scapula muscles. Range of motion is diminished bilaterally. Neer's and Kennedy-Hawkins signs are positive bilaterally. Tenderness to palpation is noted at the lateral epicondyles bilaterally, as well as at the extensor muscle compartment of the bilateral elbows. Range of motion is diminished by 10 degrees bilaterally on pronation and supination. Cozen's and Tinel's signs are positive bilaterally. Tenderness to palpation is noted of bilateral wrists. Range of motion is diminished bilaterally. Tinel's, Phalen's, and Finkelstein's signs are positive bilaterally. Sensation and motor strength are diminished

in the upper extremities bilaterally. Pain with palpation is noted over the lumbar spine. Trigger points are noted at the posterior superior iliac spine bilaterally. Tenderness to palpation is also noted at both sciatic notches "right over left". Lumbar range of motion is diminished. Decreased sensation and motor strength is noted of the lumbar spine. Treatment recommendations include medications, x-rays of bilateral shoulders, elbows, wrists, and the lumbar spine, a TENS unit for home use, acupuncture and chiropractic treatment, shockwave therapy, a functional capacity evaluation, an MRI of bilateral shoulders, left elbow, bilateral wrists, and lumbar spine, and an EMG-NCV study of bilateral upper and lower extremities. The utilization review (10-22-15) includes requests for authorization of acupuncture and adjunctive physiotherapies 3 times a week for 6 weeks for bilateral shoulders and 3 times a week for 6 weeks for cervical shoulder. The request was modified to 6 sessions for the bilateral shoulders and 6 sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture and adjunctive physiotherapy treatment 3 times weekly for 6 weeks for the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of burning pain in the bilateral shoulders that radiates to the arms and fingers. The Acupuncture Treatment guidelines recommend an initial 3-6 visits to produce functional improvement. Based on the submitted documents, the patient did not have any prior acupuncture treatments. Therefore, an initial acupuncture trial appears to be necessary. However, the provider's request of 18 acupuncture sessions to the bilateral shoulders exceeds the guidelines recommendation for an initial trial for which the guidelines recommends 3-6 visits. Additional visits beyond the 6 initial session in warranted only with documentation of functional improvement. The request is not medically necessary.

Acupuncture and adjunctive physiotherapy treatment 3 times weekly for 6 weeks for the cervical shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines recommend an initial 3-6 visit to produce functional improvement. There was no evidence that the patient received acupuncture in the past. Therefore, a trial appears necessary. However, the provider's request for 18 visits exceeds the guidelines recommendation for an initial trial. The provider's request is not medically necessary or appropriate at this time. Six acupuncture sessions would be appropriate to demonstrate functional improvement. Additional acupuncture session beyond the initial 6 sessions is warranted with documentation of functional improvement. The request is not medically necessary.