

<b>Case Number:</b>	CM15-0218093		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	06/08/1999
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 72 year old male with an industrial injury dated 06-08-1999. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine degenerative disc disease, rotator cuff tear of the right shoulder status post-surgical repair with subsequent development of adhesive capsulitis. According to the progress note dated 08-20-2015, the injured worker reported cervical spine pain, right shoulder pain, and weakness, exacerbated by overhead activities. Objective findings (08-20-2015) revealed tenderness along the trapezius muscle bilaterally with mild spasm. Right shoulder exam pain to palpitation over the shoulder, decreased right shoulder range of motion and positive impingement tests. Treatment has included x-ray of cervical spine, x-ray of the right shoulder, arthrotomy of the right shoulder with a rotator cuff repair, pain management, psychologist, prescribed medications, physical therapy and periodic follow up visits. Documentation noted that the injured worker has significant restrictions and is currently retired. The utilization review dated 11-04-2015, the request for non-certified IF unit rental with supplies purchase and modified request to 4 acupuncture sessions (original: 12 acupuncture sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic): Acupuncture (2015).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the requested acupuncture sessions (12) exceed the recommended 3-6 sessions in up to 2 weeks. There is no documentation of previous acupuncture sessions completed. Medical necessity of the requested acupuncture (12 sessions) has not been established. The requested therapy is not medically necessary.

**IF unit rental with supplies purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** According to MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The process involves paired electrodes of two independent circuits carry differing medium frequency alternating currents so that current flowing between each pair intersects at the underlying target. The frequency allows the interferential wave to meet low impedance when crossing the skin. Treatments involve the use of two pairs of electrodes and most units allow variation in waveform, stimulus frequency and amplitude or intensity, and the currents rise and fall at different frequencies. In this case, the patient has been approved for additional physical therapy sessions and requesting acupuncture. There is no specific indication for ICS at this time. Medical necessity for this therapy is not established. The requested therapy is not medically necessary.