

<b>Case Number:</b>	CM15-0038480		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/23/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 50 year old male, who sustained an industrial injury on 2/23/14. Initial complaint was of a right shoulder injury. The injured worker was diagnosed as having status post right shoulder dislocation with brachial plexus; neuropraxia; significant right shoulder arthrofibrosis. Treatment to date has included acupuncture therapy; medications. Diagnostics studies included EMG/NCV study right upper extremity (4/2014; 10/2014). Currently, the PR-2 notes dated 1/13/15 indicated the injured worker was in this office as a follow-up in regards to the right shoulder pain and brachial plexopathy and right hand weakness. The provider notes his industrial injury resulted in a dislocation of the right shoulder and had subsequent pain in the shoulder with weakness in the arm area. He continues the notes stating the injured worker had adhesive capsulitis and rotator cuff damage requiring manipulation under anesthesia. He developed brachial plexopathy be a neuropraxia which was diagnosed based on EMG studies in April 2014. At the last visit in October, the provider documents a repeat EMG study noted a return of function with some reinnervation of muscles of the lower trunk or medial cord brachial plexus region. He states that since then, he has had slow return of index finger flexion at the distal joint but still has weakness there. He has not had much recovery of the distal thumb and still has neuropathic type pain in the shoulder and arm. He still has pain when abducting the shoulder to the side. He is back to work full time however has pain towards the end of the day. He continues to drop things with his dominant right hand. The provider notes the injured worker has benefited greatly with acupuncture regarding pain management and some recovery of strength as well. The provider lists medications as Gabapentin, Hydrocodone/Acetaminophen,

Norco, and Valium. The provider's assessment indicates a diagnosis of right upper extremity brachial plexopathy. He documents this is a neuropraxia and the injured worker has had some improvement over time. He still has weakness for flexor pollicis longus and distal index finger flexion. He has had no surgical intervention. The provider notes this could be a neuropraxia from the lower trunk medial cord plexopathy for "AIN and injury". The provider is requesting authorization of acupuncture 12 sessions for the right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2 times a week for 6 weeks (12 sessions) right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: ODG notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity.

**Decision rationale:** The acupuncture guidelines do not cover shoulder injuries. The acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints. The Official Disability Guidelines (ODG) for shoulder notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity. The patient underwent approximately 28 acupuncture sessions that despite the provider claims that the symptoms were improved, no pain baseline was provided to compare (pre-acupuncture and post-acupuncture). Also was claimed that the range of motion was improved, but again no pre-acupuncture and post-acupuncture measurements were included. In the absence of clear indicators documenting any significant functional improvement, further acupuncture is not supported for medical necessity.