

Case Number:	CM15-0055223		
Date Assigned:	03/30/2015	Date of Injury:	10/08/2008
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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, Indiana, 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 55 year old male, who sustained an industrial injury on 10/8/2008. He reported pain after lifting a heavy metal bench. The injured worker was diagnosed as having disorder of the bursae and tendon of the right shoulder region. Recent electromyography (EMG) of the bilateral upper extremities showed mild peripheral neuropathy. Treatment to date has included physical therapy, acupuncture, TENS (transcutaneous electrical nerve stimulation), home exercises and medication management. In a progress note dated 1/22/2015, the injured worker complains of worsening right shoulder pain and stiffness. The treating physician is requesting 12 sessions of acupuncture and continued prescription coverage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Right Shoulder, quantity 12 (per 02/12/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture #12 sessions to the right shoulder, date service February 12, 2015 is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are disorders of bursae and tendons in the shoulder region, unspecified. The documentation according to a January 29, 2015 progress note states the injured worker "had relief from acupuncture, so I am requesting authorization for 12 more sessions". The guidelines recommend an initial trial of 3-4 visits over two weeks and with objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The utilization review indicates the injured worker received acupuncture as far back as 2009. There is no compelling clinical documentation in the medical record to warrant additional acupuncture. The total number of acupuncture sessions is not documented in medical record. The guidelines state the evidence is inconclusive for repeating the procedure (3 - 4 visits and with objective functional improvement) beyond an initial short period. Consequently, absent clinical documentation of prior acupuncture, objective functional improvement with acupuncture, the total number of acupuncture sessions with compelling clinical documentation for additional acupuncture, acupuncture #12 sessions to the right shoulder, date service February 12, 2015 is not medically necessary.

Continued Prescription Coverage (per 02/12/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, continued prescription coverage date of service February 12, 2015. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are disorders of bursae and tendons in the shoulder region, unspecified. The documentation pursuant to a February 12, 2015 progress note indicates the physician will "request continued prescription coverage" (his

medicines have been recommended by his QME, [REDACTED]). The specific medications are not enumerated in the progress note. Consequently, absent clinical documentation with specific medication(s), doses and frequency, continued prescription coverage date of service February 12, 2015 is not medically necessary.