

<b>Case Number:</b>	CM15-0085968		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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, who sustained an industrial injury on February 8, 2002. He reported a left shoulder injury. The injured worker was diagnosed as having chronic left shoulder pain and rotator cuff syndrome. Diagnostic studies to date have included MRIs. Treatment to date has included physical therapy, acupuncture, steroid injection, and topical pain medication. On April 24, 2015, the injured worker complains of left shoulder pain, which is aggravated by his activities of daily living. The physical exam revealed marked decreased range of motion and tenderness to palpation and spasm of the supraspinatus, infraspinatus, anterior aspect humeral head on shoulder extension, and acromioclavicular joint. There was decreased strength against abduction and external rotation. The injured worker is retired. The treatment plan includes 6 sessions of acupuncture for the left shoulder and a Willow Curve device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1x6 for bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Page(s): 13.

**Decision rationale:** Per the 04/24/15 PTP Progress report, the requesting physician, [REDACTED] DCMS, states the patient presents with pain in the bilateral shoulders with listed diagnoses of: Chronic left shoulder pain and Rotator Cuff Syndrome. The current request is for ACUPUNCTURE 1X6 FOR BILATERAL SHOULDERS. The RFA's included are dated 02/04/15 and 04/25/15. The 05/04/15 utilization review states the RFA is dated 04/24/15. The patient is retired. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." MTUS section 9792.20 (f) states that functional improvement is defined as both clinically significant improvement in ADL's and a reduction in dependency on medical treatment. The treating physician states on 12/24/15, that the patient has improved pain in both shoulders with treatment and is able to do house cleaning with less pain, but still has pain in the left shoulder with activities. The 01/30/15 report states pain in the shoulder has somewhat subsided but he is unable to drive without pain. The patient due to the positive outcome of treatment requested additional treatment. On 04/24/15 the treater states shoulder pain is aggravated by ADL's. It is unclear from the report provided how many sessions of acupuncture treatment the patient has received. The 12/24/14 report request treatment for another 2x3 weeks, and the 04/24/15 report requests treatment for another 1x6 weeks. It is unclear if the patient has received all the requested treatment; however, the treater is now requesting at least a third course of acupuncture treatment. Guidelines allow additional treatment with documented functional improvement. Functional improvement is defined as clinically significant improvement in ADL's and a reduction in dependency on medical treatment. In this case, sufficient evidence of functional improvement has not been provided in the reports included for review. The request IS NOT medically necessary.

**Willow curve device purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - low level laser therapy (willow curve device).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57. Decision based on Non-MTUS Citation Digital Anti-Inflammatory Laser Smart device website <https://willowcurve.com/>.

**Decision rationale:** Per the 04/24/15 PTP Progress report, the requesting physician, [REDACTED] DCMS, states the patient presents with pain in the bilateral shoulders with listed diagnoses of: Chronic left shoulder pain and Rotator Cuff Syndrome. The current request is for WILLOW CURVE DEVICE PURCHASE. The RFA included is dated 02/04/15. The patient is retired. MTUS Guidelines, page 57 states "Low-Level Laser Therapy (LLLT): Not recommended." The Guidelines also suggest that "Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not

allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect." <https://willowcurve.com/> On line research at the above site states this is a Digital Anti-Inflammatory Laser Smart device for temporary joint pain relief. The treater states that the "Willow Curve" device is for home use to help relieve the patient's pain between visits. In this case, the reports provided for review do not explain why the requested treatment is a better option for the patient compared to other proven treatment modalities. Furthermore, the MTUS guidelines specifically do not recommend Low-Level Laser Therapy. The request IS NOT medically necessary.