

Case Number:	CM14-0159832		
Date Assigned:	10/03/2014	Date of Injury:	01/10/2013
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who sustained an injury on 01/10/13. As per the report of 07/28/14, she complained of frequent neck, right shoulder, and right hand pain with associated symptoms of numbness, tingling and weakness. On exam, she had right trapezius muscle tenderness. Positive Apley's on the right shoulder. On 07/24/14, she complained of sharp right shoulder pain with numbness, rated at 5/10. Right shoulder exam was positive for swelling, spasm, tenderness, and limited ROM. Strength was diminished. She had segmental dysfunction of C-spine, T-spine and L-spine. Right shoulder pain was rated at 5/10 on 05/08/14, 6/10 on 06/19/14, 4/10 on 07/01/14, 6/10 on 07/10/14, and 5/10 on 07/24/14, which indicated no improvement. An MRI of the right shoulder report dated 03/05/14 revealed acromioclavicular osteoarthritis, supraspinatus tendinitis and infraspinatus tendinitis. EMG/NCV studies dated 07/29/14 were normal. She had right shoulder surgery in 10/2013. Current medications include tramadol, omeprazole, and Celebrex. Allergies include anesthesia, penicillin, and codeine. Past treatments have included PT, Chiropractic Therapy, Pain Management, Cold/Hot Therapy, Vocational Rehabilitation and ESWT with improvement. No previous reports indicating acupuncture treatment were available. Diagnoses include status post right shoulder surgery, history of frozen shoulder, and right shoulder pain, and C-spine sprain/strain, rule out radiculopathy. The request for 12 acupuncture sessions was denied on 09/15/14 in accordance with medical guidelines.

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 ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "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 functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement: 3 to 6 treatments. According to the treatment guidelines, additional treatments may only be indicated with documented functional improvement. The medical records do not establish the patient is a candidate for Acupuncture trial per guidelines; No evidence of pain medications being reduced or intolerable. Initial request is for 12 sessions which exceeds the guidelines. There is no evidence of any plan for physical rehabilitation. The right shoulder surgery is one year old. Therefore, the request of Acupuncture is not medically necessary.