

<b>Case Number:</b>	CM14-0215372		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female patient who sustained a work related injury on 9/19/13. Patient sustained the injury when she was given a flu vaccine in left shoulder. The current diagnoses include left shoulder pain. Per the doctor's note dated 9/10/14, patient has complaints of left shoulder pain. Physical examination revealed elevation 140, external rotation 30, and internal rotation up to L5 and 4/5 strength. The current medication lists include Medrol dose pack. The patient has had MRI of the left shoulder on 9/23/14 that revealed infrapinatus tear; EMG of UE on 2/21/14. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received 12 PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Times six (6), Neck and Left Shoulder:** Upheld

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

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

**Decision rationale:** Per the California MTUS Acupuncture Medical Treatment Guidelines cited below state that "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." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. The patient has received 12 physical therapy visits for this injury. Response to any prior rehabilitation therapy including physical therapy/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of 6 acupuncture sessions is not fully established. Therefore, this request is not medically necessary.

**Doppler Ultrasound of the Brachial Plexus:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 10/31/14), Arterial ultrasound TOS testing

**Decision rationale:** ACOEM/MTUS guideline does not specifically address this issue. Hence Official Disability Guidelines were used. According to the Official Disability Guidelines, "Not recommended. Clinical tests for vascular thoracic outlet syndrome (vTOS) generally incorporate shoulder horizontal flexion/extension (HF/HE), abduction (ABD) and external rotation (ER). The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are, however, unknown." Rationale for Doppler Ultrasound of the Brachial Plexus was not specified in the records provided. The patient has had MRI of the left shoulder on 9/23/14 that revealed infraspinatus tear; EMG of the upper extremities was done on 2/21/14. Any diagnostic report was not specified in the records provided. The patient has received 12 physical therapy visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for Doppler Ultrasound of the Brachial Plexus is not fully established in this patient. Therefore, this request is not medically necessary.