

Case Number:	CM14-0215986		
Date Assigned:	01/06/2015	Date of Injury:	12/02/2012
Decision Date:	03/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Chiropractor, 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 was a 62 year old female, who was injured on the job. The injured worker was carrying a heavy pot of food, when she slipped and fell. The injured worker fell, landing on her right side, hitting the right shoulder and right side of the head on the floor, on December 2, 2012. She states that she fainted and had swelling in the right side of the head. The injured worker returned to regular duty after the episodic days off. The injured worker was currently working with restrictions, according to the October 31, 2014, QME report. The injured workers greatest pain was in the right shoulder. The injured worker has headaches and difficulty with memory. Occasionally has numbness in the middle finger of the right hand. The injured worker was diagnosed with head contusion with residuals, right shoulder contusion with impingement syndrome, right cervical trapezial sprain/strain and possible carpal tunnel syndrome secondary to over use. According to the QME report of July 17, 2014, epidural injections were suggested for the right shoulder and anti-inflammatory medications. According to the progress note of November 22, 2014, the injured worker continues to complain of right neck and shoulder pain. The injured worker has radicular symptoms from the neck and into the upper extremities. An updated MRI of the right shoulder showed 1cm tear of the supraspinatus tendon, 4 cm proximal to the insertion site and greater tuberosity with fluid in the subacromial-subdeltoid bursa indicating a full thickness tear. The injured worker has new diagnosis of rotator cuff syndrome, shoulder adhesive capsulitis, shoulder tendinitis, lumbalgia and cervicalgia. The injured worker has no relief from pain with activities of daily living. On October 8, 2014, the treating physician suggested epidural injections the injured worker declined. Medication changes for Naproxen,

Omeprazole and topical transdermal cream to apply as needed for pain. The injured worker has failed conservative treatment of pain medication, exercise, nerve conduction studies, chiropractic services and physical therapy. The injured worker continues to decline epidural injections to the cervical spine. The injured worker will need right shoulder surgery in the future. According to the progress note of October 13, 2014, the injured worker was requesting to try acupuncture for pain control of the right shoulder. On November 24, 2014, the UR denied authorization for 4 acupuncture treatment for the neck, right shoulder and lumbar spine 1 time a week for 4 weeks. Denial was due to the MTUS acupuncture guidelines and the lack of documentation for functional improvement from prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Acupuncture treatments for the neck, right shoulder and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Utilization review, patient has had prior acupuncture treatment. Provider requested additional 1X4 acupuncture treatments for neck, right shoulder, and lumbar spine which was non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X4 acupuncture treatments are not medically necessary.