

Case Number:	CM14-0216869		
Date Assigned:	01/06/2015	Date of Injury:	08/22/2013
Decision Date:	02/28/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/26/2014

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 is a 59 year old male who sustained a work related injury August 22, 2013. A piece of equipment weighing approximately fifty pounds slipped off a cart, he tried to grab it while twisting his body holding onto the machine. He had an abrasion on the right shin and noted pain in the left shoulder and lower back. He was treated with medications and over the course of months, physical therapy and one or two injections to the left shoulder. Past history includes s/p left shoulder arthroscopy, acromioplasty, distal clavicle excision and joint debridement April 14, 2014 and bilateral carpal tunnel syndrome. In a treating physician's progress report dated October 2, 2014, the injured worker presented with mild discomfort in the left shoulder, primarily complaining about discomfort in his hands. Objective findings reveal full range of motion of the left shoulder. At this point the treating physician documentation revealed there is no further treatment for the shoulder. An office visit date November 7, 2014, finds the injured worker presenting with left shoulder pain and increasing problems with his hands. Examination of the bilateral shoulders reveals tenderness on palpation in the left AC joint mild and more over the superolateral aspect of the shoulder. There is full active range of motion bilaterally in abduction and forward flexion. Various impingement maneuvers are negative in the shoulder, negative sulcus sign, stress testing of the anterior and posterior capsular structures reveals no evidence of shoulder instability or apprehension and impingement test is positive. Impression is documented as left shoulder impingement s/p surgical repair; low back pain which will be addressed next visit, and bilateral hand pain awaiting authorization of accepted body part. Treatment plan included adding Lidoderm patch and continuing Gabapentin and ibuprofen,

request for further acupuncture treatments two times a week for six weeks and physical therapy to work on a home exercise program. Work status after cleared by surgeon for off work six months after surgery in April, now work with restrictions where lifting is limited to shoulder level on the left, lift and carry to ten pounds, and limited lifting, fingering, handling and grasping with both hands. There are no x-ray or MRI reports/ operative report present in the medical record. According to utilization review performed December 22, 2014, the request for Acupuncture two times a week for three weeks left shoulder is non-certified. The injured worker has received six visits of acupuncture to date. Citing MTUS Acupuncture Medical Treatment Guidelines, there is limited evidence in the submitted documentation that the claimant has obtained specific or sustained functional benefit from the acupuncture completed to date. The medical necessity for ongoing acupuncture is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks, Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments, which were 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, the requested Acupuncture treatments are not medically necessary.