

Case Number:	CM15-0113379		
Date Assigned:	06/19/2015	Date of Injury:	06/18/2012
Decision Date:	07/20/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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 54 year old female who sustained an industrial injury on 06/18/2012. The injured worker was diagnosed with rotator cuff syndrome, carpal tunnel syndrome, cervicgia, lumbago and myalgia and myositis pain. The injured worker is status post right shoulder arthroscopic labral debridement and subacromial synovectomy on January 9, 2014 and status post left shoulder surgery (no date documented). Treatment to date has included diagnostic testing, conservative measures, acupuncture therapy, chiropractic therapy, surgery, physical therapy, cortisone injections to wrist and shoulder, trigger point injection, ulnar nerve blocks and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker was re-evaluated for right wrist/hand, forearm, head and bilateral shoulder pain. The injured worker noted some decrease in low back pain with acupuncture therapy and 50% decrease in pain of the left wrist and upper back from injections received. The injured worker currently has left shoulder pain rated at 6/10. The injured worker is requesting a steroid injection to the shoulder. Examination of the shoulder demonstrated normal range of motion with some discomfort at end-point range and tenderness to palpation of the subacromial and left wrist. The lumbosacral spine showed mild decreased range of motion with extension due to pain and tenderness of the lumbosacral spine and paralumbar muscle tightness. The thoracic spine demonstrated mild to moderate trigger point tenderness with taut bands of the thoracic and paraspinals muscles, right worse than left. The examination of the cervical spine revealed decreased extension, rotation and lateral flexion due to pain with mild to moderate tenderness throughout the posterior cervical spine, paraspinals with paravertebral muscle spasms. There

were mild trigger points with taut bands in the bilateral proximal and distal levator scapulae, rectus and splenius capitis muscles, greater on the left side. The right posterior cervical paraspinals at C5-7 demonstrated twitch response. Bilateral shoulder girdle motor strength was noted at 4+/5 bilaterally with sensation and reflexes intact. Positive impingement signs of the shoulders were documented. Electromyography (EMG)/Nerve Conduction Velocity (NCV) (no date documented) were reported as normal. Current medications are listed as Etodolac and Tizanidine. Treatment plan consists of current medication regimen, Tramadol for pain and the current request for electro-acupuncture to the lumbar spine for 6 sessions and one subacromial cortisone injection to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture to the lumbar for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 04/30/15.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury or what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for acupuncture sessions nor is the patient actively participating in therapy with functional restoration approach. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Electro-acupuncture to the lumbar for 6 sessions is not medically necessary and appropriate.

One subacromial cortisone injection to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2010, Shoulder Disorders, Clinical Measures.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, pages 204, 207; Table 9-6, page 213.

Decision rationale: There is no specific failed conservative treatment noted to meet criteria of corticosteroid injection nor has there been clear documented functional improvement by way of ADLs or decrease in medication dosing or medical utilization to support current request. Guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy

(i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis might be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified limitations with activities, functional improvement from previous injection, progressive changed clinical deficits, failed conservative treatment, acute flare-up, red-flag conditions, or new injury to support for this shoulder injection. The One subacromial cortisone injection to the left shoulder is not medically necessary and appropriate.