

Case Number:	CM15-0118906		
Date Assigned:	06/29/2015	Date of Injury:	02/22/2004
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 66 year old female, who sustained an industrial injury on 2/22/04. She reported initial complaints of left shoulder/left upper extremity. The injured worker was diagnosed as having arthralgia left knee; arthralgia left wrist; bilateral knee pain; frozen shoulder syndrome left. Treatment to date has included status post left wrist arthroscopy with TFCC debridement/ulnar nerve shortening procedure with delayed union; bone growth stimulator; prolonged long-arm cast post-operatively causing shoulder/elbow stiffness; left ulna metal removal; pain management; physical therapy; acupuncture; medications. Diagnostics included MRI left shoulder (3/27/07); x-ray left shoulder; x-rays left forearm; x-rays left wrist. Currently, the PR-2 notes dated 5/8/15 indicated the injured worker was interviewed for orthopedic evaluation and treatment. At the time of her injury, a surgical procedure took place in the form of a left wrist arthroscopy with debridement and ulnar nerve shortening. There was a postoperative complication of the ulnar fracture noting a delayed/nonunion. A bone stimulator was used to promote the fracture healing. Along-arm cast was applied and the injured worker complained of persistent pain that was extending proximally into the elbow and shoulder. Hardware removal was achieved after the fracture healing (screws and plate's ulna). After the cast was removed, there was diminished elbow and forearm mobility that took a long time to improve. In addition, there was a left frozen shoulder. Ongoing pain has never resolved at the entire left upper extremity with the left wrist area the worst, but also affecting the forearm, elbow and shoulder. She has weakness of the left upper extremity. Physical examination of the left upper extremity notes general left-sided guarding with shoulder contour satisfactory, scapula without winging.

However the left shoulder motion was diminished showed right. Left: flexion 180/130 degrees; abduction 180/100; external rotation 60/40 and internal rotation 85/70. The left shoulder impingement sign was consistently positive, rotator cuff strength is diminished affecting supraspinatus more than infraspinatus. Acromioclavicular joint was nontender and clinically there was no anterior shoulder instability. The left elbow showed mild irritability of the ulnar nerve to palpation, no sign of instability. Elbow flexion was at 125 degrees left, which was slightly diminished. Supination and pronation lack terminal 10 degrees compared to the right. Wrist extension was satisfactory, flexion about 10 degrees less. Tenderness was diffuse across left wrist joint more at extensor surface also tenderness distal ulnar styloid region. She complained of pain making a fist grip strength diminished substantially. Upper extremities demonstrated normal skin coloration, temperature, moisture and texture. Coordination was satisfactory. Vascular examination of the upper extremities was normal. X-rays were discussed by the provider and of most significant was osteopenia of the left wrist. The left forearm ex-rays show some residual contour finding the distal ulnar, interosseous space diminished. The provider has requested additional Acupuncture 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 8 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for shoulder, notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity.

Decision rationale: The acupuncture guidelines does not cover shoulder injuries (9792.21. Medical Treatment Utilization Schedule (2) Acupuncture medical treatment guidelines, the acupuncture medical treatment guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, second edition, relating to acupuncture, except for shoulder complaints). The Official Disability Guidelines (ODG) for shoulder, notes that an initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 12-18 visits over 4-6 weeks could be supported for medical necessity. The patient underwent an unknown number of acupuncture sessions in the past without any significant functional improvement, medication intake reduction or activities of daily living improvement documented. Consequently, the additional acupuncture (x 8) requested is not supported for medical necessity.