

Case Number:	CM15-0065609		
Date Assigned:	04/13/2015	Date of Injury:	02/22/2012
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 02/22/2012. He reported the development of pain to the bilateral shoulders, lower back, neck, right knee, and bilateral elbows from repetitive work activities. The injured worker also notes that while working on his knees and bending at the waist he experienced a sharp pain to the right shoulder on the date of injury. The injured worker was diagnosed as having right shoulder sprain/strain with impingement, left shoulder sprain/strain with impingement and adhesive capsulitis, and right knee symptoms. Treatment to date has included right shoulder x-ray, physical therapy, medication regimen, and status post right knee surgery. In a progress note dated 03/02/2015 the treating physician reports complaints of increased right shoulder pain with a burning sensation and an increase of left shoulder symptoms secondary to overcompensation due to the right shoulder pain. The treating physician requested a home interferential unit for pain control and acupuncture two times per week for four weeks directed to the right shoulder, but the documentation provided did not indicate the specific reason for the requested acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice weekly, right shoulder Qty: 8 per 03/02/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture for twice a week for four weeks to the right shoulder (eight sessions) for data service March 2, 2015 is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are right shoulder sprain/strain with impingement; history of arthroscopic rotator cuff repair 2009 right shoulder; left shoulder sprain/strain with impingement and adhesive capsulitis; history two left shoulder arthroscopic surgeries in 2000; and right knee symptoms unchanged with history prior arthroscopy 2012. The treating physicians first date of service (orthopedic [REDACTED]) is dated March 2, 2015. The injured worker is being seen for bilateral shoulder and bilateral knee pain. The injured worker reports a flare of his left shoulder pain. The treating provider requested eight sessions of acupuncture. The guidelines allow an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The treating physician requested 8 acupuncture sessions in excess of the recommended guidelines. There is no prior documentation of acupuncture treatments authorized or rendered. Consequently, absent compelling clinical documentation in excess of the recommended guidelines for 3-4 sessions, acupuncture twice a week for four weeks to the right shoulder (eight sessions) for data service March 2, 2015 is not medically necessary.

Home interferential unit, unspecified body part Qty: 1 per 03/02/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Interferential Unit.

Decision rationale: Pursuant to the Official Disability Guidelines, home Interferential unit (ICS), unspecified body part #1, date of service March 2, 2015 is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an

effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are right shoulder sprain/strain with impingement; history of arthroscopic rotator cuff repair 2009 right shoulder; left shoulder sprain/strain with impingement and adhesive capsulitis; history two left shoulder arthroscopic surgeries in 2000; and right knee symptoms unchanged with history prior arthroscopy 2012. The treating physician's first date of service (orthopedic [REDACTED]) is dated March 2, 2015. The injured worker is being seen for bilateral shoulder and bilateral knee pain. The injured worker reports a flare of his left shoulder pain. There is no documentation in the medical record of a one-month clinical trial of a home ICS unit. There are no anatomical body parts/regions documented for ICS application. There are no specific Patient Selection Criteria documented in the medical record. Consequently, absent clinical documentation of a one-month clinical trial, specific anatomical body parts to be treated and relevant Patient Selection Criteria, home Interferential unit (ICS), unspecified body part #1, date of service March 2, 2015 is not medically necessary.