

<b>Case Number:</b>	CM15-0068086		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old male, who sustained an industrial injury on September 10, 2014. The injured worker has been treated for neck and left shoulder complaints. The diagnoses have included left shoulder sprain/strain with tendinitis and impingement, cervical disc bulge and left upper trapezius muscles myofascitis. Treatment to date has included medications, radiological studies, chiropractic treatments, physical therapy, a home exercise program and a function capacity evaluation. Current documentation dated March 25, 2015 notes that the injured worker reported constant neck, left shoulder and upper back pain. The pain was noted to be slowly improving with treatment. Physical examination of the cervical spine and left shoulder revealed tenderness to palpation with a limited and painful range of motion. Orthopedic evaluation of the left shoulder and cervical spine were noted to be positive. The treating physician's plan of care included a request for acupuncture sessions, extracorporeal shockwave therapy to the left shoulder and an occupational medicine evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions QTY: 12.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture sessions QTY: 12.00 is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. Additionally, the documentation indicates that the patient was certified for prior acupuncture. It is unclear of the efficacy from this prior acupuncture. Without clear indication of the efficacy, additional acupuncture is not indicated or medically necessary.

**Extracorporeal shock-wave therapy (ECSWT) to the left shoulder QTY: 3.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute & Chronic), Extracorporeal Shock-wave Therapy (ECSWT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** Extracorporeal shock-wave therapy (ECSWT) to the left shoulder QTY: 3.00 is not medically necessary per the MTUS guidelines. The MTUS ACOEM guidelines states that some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The documentation does not indicate evidence of calcific tendinitis of the shoulder therefore this request is not medically necessary.

**Occupational medicine evaluation/treatment QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (second edition) Chapter 7, page 127, Regarding Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Office Visits.

**Decision rationale:** Occupational medicine evaluation/treatment QTY: 1.00 is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The

documentation is not clear on the need for an occupational medicine evaluation and treatment. Additionally treatment cannot be certified without knowledge of the specific treatment, rationale and quantity of proposed plan. Without this information, this request is not medically necessary.