

<b>Case Number:</b>	CM15-0090224		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49-year-old female who sustained an industrial injury on 5/19/14. The mechanism of injury was not documented. Past medical history was positive for diabetes mellitus, gastroesophageal reflux disease, and gastritis. Records documented that the injured worker attended 24 acupuncture sessions from 1/13/15 to 3/10/15. The 2/13/15 acupuncture progress report cited increased strength, endurance and ability to perform activities of daily living, and a reduction in pain behaviors. The 3/2/15 primary orthopedist report indicated that the injured worker reported acupuncture was helping decrease symptoms but symptoms were worse with cold weather. Cervical spine pain was 7/10, lumbar spine pain was 4-6/10, and right shoulder pain was 6-8/10. Physical exam documented painful and restricted right shoulder range of motion with flexion 160, abduction 150, external rotation 70, and internal rotation 80 degrees. There was decreased right upper extremity strength at 4/5. The diagnosis was chronic cervical and lumbar sprain/strain, rule-out cervical and lumbar herniated nucleus pulposus, right shoulder sprain/strain, rule-out shoulder impingement, and diffuse bilateral trapezial spasms with evidence of pain. The treatment plan recommended second opinion for right shoulder, continued medications, Menthoderm gel, continued acupuncture twice weekly, and urine toxicology. The 4/15/15 second opinion orthopedist report cited occasional moderate right shoulder pain radiating to the arm. Physical exam documented anterior shoulder tenderness to palpation, positive Speed's and impingement test, discomfort on cross body adduction, and pain on resisted external rotation but no weakness. Range of motion was documented as flexion 180, abduction 175, external rotation 90, and internal rotation 80 degrees. The diagnosis was right shoulder pain

and dysfunction, impingement, acromioclavicular joint arthrosis, and small partial thickness rotator cuff tear. The treatment plan encouraged a home exercise program with Theraband with follow-up in 4-6 weeks. Consideration of a steroid injection was planned when blood sugars were under control, currently in the 300s. If she failed conservative treatment, she might be a candidate for shoulder arthroscopy. Authorization for right shoulder surgery and acupuncture was submitted. The 4/29/15 utilization review non-certified the request for right shoulder arthroscopy as there was no evidence of a red flag condition, an adequate amount of physical therapy, or imaging showing a surgical lesion, and the injured worker's range of motion was improving. The request for acupuncture was non-certified as there was no measurable objective improvement from prior treatment, no evidence that acupuncture was being provided as an adjunct to physical rehabilitation or following surgical intervention, and no specific number of sessions being requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right shoulder arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have not been met. The injured worker presents with occasional moderate right shoulder pain radiating to the arm. Activity limitations are not documented. Records indicate that there was a home exercise program with improvement in range of motion noted. Current clinical exam findings document functional range of motion with positive impingement testing but no weakness. There was no imaging report available for review. There was a diagnosis of shoulder impingement, acromioclavicular joint arthrosis, and small partial rotator cuff tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

#### **Acupuncture right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. The optimum duration of acupuncture is 1 to 2 months. Guideline criteria have not been met for continued acupuncture at this time. There is evidence of a least 2 months of acupuncture treatment with no objective measurable functional improvement documented. There was no evidence that acupuncture was being used as an adjunct to physical rehabilitation. Intolerance to non-steroidal anti-inflammatory drugs was documented, but there was no evidence that pain medications were not tolerated or were reduced. There is no compelling rationale documented to support the medical necessity of acupuncture beyond the optimum duration and in the absence of specific functional improvement. Therefore, this request is not medically necessary at this time.