

Case Number:	CM15-0090938		
Date Assigned:	05/15/2015	Date of Injury:	08/18/2013
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 61-year-old male, who sustained an industrial injury on 8/18/13. He reported cumulative trauma injury to his shoulder, elbows, hands, back, legs, feet, abdomen, right ear and left eye. The injured worker was diagnosed as having bilateral shoulder impingement, bilateral carpal tunnel syndrome and lumbar spondylosis. Treatment to date has included a left and right shoulder MRI in 3/2015 showing acromioclavicular arthritis, topical NSAID creams and a NCV study. As of the PR2 dated 3/31/15, the injured worker reports constant sharp pain in the bilateral shoulders. He has relief from medications. Objective findings include decreased pain due to ongoing therapy and slightly decreased range of motion in both shoulders. The treating physician requested acupuncture x 12 treatments for both shoulder and deep tissue massage therapy for left scapula region of shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment x 12 for both shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the request for 12 sessions of acupuncture exceeds guideline recommendation for initial length of treatment. As such, the use of 12 sessions of acupuncture is not medically indicated.

Deep tissue massage therapy for left scapula region of shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 60.

Decision rationale: CA MTUS recommends massage therapy, for active tissue or myofascial release, as an adjunct to other therapies, such as exercise and states that it should be limited to 4- 6 sessions. Massage is a passive treatment and treatment dependence should be avoided. The medical record does not describe use of active therapy, such as exercise or physical therapy, and as such, massage is not indicated.