
Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/2/2013

11/8/2010

7/23/2013

CM13-0002626

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture two (2) times a week for four (4) weeks, bilateral shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture two (2) times a week for four (4) weeks, bilateral shoulder **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic and Acupuncture, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

“According to the PR-2 dated 5/29/13 by [REDACTED], MD, the patient complained of pain in shoulders, left hand and wrist, on and off pain in abdomen. The patient had difficulty with day-to day activities and strenuous activities with left upper extremity. The patient complained of bilateral shoulder and left wrist pain that was constant, sharp, and achy, severe in nature. On examination, the Neer and Hawkin’s tests were all positive. There was tenderness noted over the acromioclavicular joint and interior shoulders. The Yergason’s test was positive. The range of motion was restricted. The adduction was 110 degrees at right and left (normal was 170-180 degrees); adduction was 20degrees at right and left (normal was 50 degrees); internal rotation was 50 degrees at right and left (normal was 90 degrees); external rotation was 60 degrees at right and left (normal was 180 degrees). On examination of the hands/wrists, there was tenderness noted over the dorsal and palmar wrist and over the ulnar styloid. The range of motion was restricted. The dorsiflexion of the left wrist was 55 degrees (normal 60-80 degrees) and the palmar flexion of the left wrist was 55 degrees (normal was 60-70 degrees). The patient’s diagnoses were 1. Bilateral shoulder impingement syndrome: 2. Left wrist triangular fibrocartilage complex tear: 3. Bilateral shoulder sprain/strain: 4. Left wrist sprain/strain.

“Date of injury: 11/08/10

“Mechanism of injury: not documented in the clinical records submitted with this request.
“Current medications: According to the PR-2 dated 5/29/13 by [REDACTED], MD, the medications were Debdracubm Crestor, levothyroxine, and amlodipine. Dose and scheduled use of the medication were not documented.

“Surgeries: Not documented in the clinical records submitted with this request.

“Diagnostic Imaging and other therapies: Not documented in the clinical records submitted with this request.

“Reason given for request: Not documented in the clinical records submitted with this request.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 7/2/13)
- **Medical Records requested were not timely submitted for this review**
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for acupuncture 2 times a week for 4 weeks, bilateral shoulder :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), page 555-556 and the Acupuncture Medical Treatment Guidelines (2009), part of the Medical Utilization Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Acupuncture Medical Treatment Guidelines (2009), page 8-9, part of the MTUS and MTUS § 9792.20(f), Functional improvement, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 11/8/10. Requested medical records were not timely submitted for this review. The records submitted for review indicate diagnoses include: bilateral shoulder impingement syndrome, left wrist triangular fibrocartilage complex tear, bilateral shoulder sprain/strain and left wrist sprain/strain. The records submitted indicate treatments have included a topical pain relief medication. The records submitted indicate a report dated 5/29/13 notes constant, sharp, achy, and severe pain in the right and left shoulders, left hand, and wrist. The request is for acupuncture two (2) times a week for four (4) weeks, bilateral shoulder.

MTUS Acupuncture guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatment may be extended if functional improvement is documented. According to § 9792.20 Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The records provided for review

indicate the employee has had 8 prior acupuncture visits authorized so far but there were no medical records submitted for review that document progress or evidence of functional improvement. The records provided indicate the employee's condition remains unchanged since the last exam. The request for acupuncture two (2) times a week for four (4) weeks, bilateral shoulder **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.