

Case Number:	CM13-0001674		
Date Assigned:	05/02/2014	Date of Injury:	03/05/2010
Decision Date:	06/10/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 03/05/2010. Treating diagnoses include cervical sprain, lumbar sprain, ulnar neuritis, medial epicondylitis of left elbow, left shoulder osteoarthritis, right shoulder arthritis, and right shoulder tendinitis. On 02/13/2014, the patient was seen in reevaluation by his primary treating physician. The patient complained of pain in his left shoulder and his left elbow. The patient reported the pain was well controlled with medications, and he denied side effects of medication. The patient had a cubital tunnel Tinel's sign and tenderness to palpation of the glenohumeral joint of the left shoulder. The patient had positive left shoulder impingement signs with limited range of motion. There was tenderness to palpation with mild inflammation of the left medial epicondyle, and the patient had full elbow range of motion with mild pain at end range. The treating physician recommended a Functional Capacity Evaluation with impairment rating and noted that he needed to obtain the orthopedic surgeon's most recent reports. The primary physician also recommended a urine sample and returned the patient to modified duty with no prolonged repetitive use of the left upper extremity and limited lifting, pushing, or pulling of no more than 25 pounds with the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS, Acupuncture Treatment Guidelines, states 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 to hasten functional recovery...Time to increase functional improvement: 3-6 treatments." The medical records describe this patient as having substantial functional decline due to this condition. However, the MTUS treatment guidelines support at most 6 additional sessions of acupuncture. The current request for 8 sessions of acupuncture exceeds the treatment guidelines for additional treatment with this modality. Therefore, the request for eight sessions of acupuncture is not medically necessary and appropriate.

ONE HOT AND COLD PACK/WRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: The MTUS/ACOEM Guidelines recommends the use of thermal modalities in the initial acute 2 weeks of injury. The MTUS guidelines do not support indication for a hot and cold wrap in a chronic phase such as this. Therefore, the request for one hot and cold pack/wrap is not medically necessary and appropriate.

ONE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening.

Decision rationale: The California MTUS Guidelines section on Drug Testing states "Drug testing is an option to screen for the use or presence of illegal drugs." Without a current active prescription for opioids or specific rationale to suspect aberrant behavior, the rationale for urine drug screen is not apparent at this time. Therefore, the request for one urine drug screen is not medically necessary and appropriate.

EIGHT (8) SESSIONS OF FUNCTIONAL RESTORATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program/Functional Restoration Programs, Page(s): 32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Chronic Pain Program/Functional Restoration Programs contains very detailed criteria for admission to a functional restoration program including that there is a lack of other treatment options available. The medical records do not contain an interdisciplinary evaluation to support an indication for functional restoration sessions at this time. Therefore, the request for eight sessions of functional restoration is not medically necessary and appropriate.

ONE RANGE OF MOTION AND MUSCLE STRENGTH TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar And Thoracic (Acute And Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 32.

Decision rationale: The MTUS/ACOEM Guidelines, Chapter 2 Assessment, states that guided by the medical history, the area covered in the physical examination should be selected. In this context, range of motion or muscle strength testing is part of a routine musculoskeletal physical examination. In this case, the MTUS guidelines and medical records do not provide an alternative basis for range of motion and muscle strength testing as a separate, specifically certifiable request. Therefore, the request for range of motion and muscle strength testing is not medically necessary and appropriate.