

Case Number:	CM13-0004490		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2012
Decision Date:	03/20/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 patient is a 54 year old female who was injured in a work related accident on 09/17/12. A recent clinical progress report dated 10/15/13 by [REDACTED] documented complaints of right shoulder, neck and upper back pain, and temporomandibular joint (TMJ) pain of the right jaw. Objective findings were documented to show that the TMJ was tender to palpation, right shoulder diminished range of motion, positive tenderness, with no documentation of weakness. The claimant was diagnosed with a strain to the shoulder, neck and upper back, as well as TMJ. [REDACTED] recommended physical therapy for 12 additional sessions of chiropractic care, an orthopedic surgical consultation, 12 additional sessions of acupuncture and a functional capacity examination. A 04/17/13 assessment by [REDACTED], an orthopedic surgeon, diagnosed the claimant with an acute cervical strain, a right shoulder strain, and a lumbar sacral strain. [REDACTED] documented that the claimant's previous MRI findings of the cervical spine "did not correlate with her complaints." He also noted that previous treatment at that time included medication management, activity restrictions, and therapy. Electrodiagnostic studies from March 2013 of the upper extremities were noted to be normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6-12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Acupuncture Guidelines, 12 sessions of acupuncture would not be indicated. While acupuncture is recommended in the chronic setting, it is recommended for only one to two months optimal duration and for only three to six treatments for demonstration of functional improvement. The clinical history documents prior acupuncture treatment and the requested 12 sessions would exceed the MTUS Acupuncture Guideline criteria and would not be supported at present.

Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2004, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, orthopedic consultation in this case would not be indicated. Clinical records for review indicate that the claimant already has a preexisting established relationship with [REDACTED], who is described as an American Board of Orthopedic Surgery Diplomat, Board Certified in the Treatment of Orthopedic Surgical Conditions. It would be unclear as to why an additional orthopedic referral would be indicated for a diagnosis of a "strain" which is already under the care of orthopedic treatment.

Chiropractic 1x6-12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the role of continued chiropractic therapy. The specific request for 12 sessions of chiropractic assessment would exceed the MTUS Chronic Pain Guideline criteria that only recommends a trial six sessions of therapeutic treatment for low back complaints. Given the claimant's upper extremity injuries, chiropractic measures are not recommended for the shoulder, forearm, wrist or hand. This specific request in this case would not be indicated.

FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013, Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: fitness for duty - Functional capacity evaluation (FCE).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a functional capacity examination would not be supported. ODG Guidelines for a functional capacity examination would include prior unsuccessful return to work attempts or an injury that would be close to maximal medical improvement or a detailed explanation of the worker's ability. The records in this case indicate a diagnosis of a strain more than one year post injury with no documentation of prior unsuccessful return to work attempts. This specific request for the capacity examination based on the claimant's clinical records for review would not be indicated.