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| Case Number: | CM13-0011431 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 07/23/2011 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/15/2013 |

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 Internal Medicine and Cardiology has a subspecialty in cardiovascular Disease and is licensed to practice in Texas. 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 30 year old male who reported an injury on 07/23/2011. The mechanism of injury was repositioning a client. The patient diagnoses included chronic thoracic pain, and thoracic mild fasciitis. The most recent clinical note dated 10/09/2013 reported the patient continued to have complaints of daily pain rated 5/10, and he states the pain increases with repetitive right shoulder movements or heavy lifting. The patient's medication regimen included Flexeril in the morning, Tramadol twice a day, and Vicodin as needed. The dosage and specific instructions for these medications was not provided in the medical record. The patient stated he was exercising daily with weights. The patient completed questionnaire suggests the patient is able to complete all activities of daily living without difficulties. Upon assessment, mild tenderness to the right infrascapular region was noted. There was slight pain with scapular adduction, but there is no restricted scapular movement. Active range of motion to right shoulder flexion is 180 degrees, abduction 180 degrees, and external and internal rotation 90 degrees each. Strength was 5/5. Review of MRI of the right shoulder dated 02/07/2013 revealed no abnormalities, MRI thoracic spine dated 01/09/2013 revealed mild degenerative changes. The recommendations made for continued prescription medication therapy, continued consultation and follow-up with a chronic pain specialist, and in case of a flare up chiropractic treatments, acupuncture, and physical therapy should be done.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Acupuncture to thoracic/interscapular area, QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Acupuncture Medical Treatment Guidelines state acupuncture is an option when pain medication is reduced or not tolerated. There is no clinical information suggesting the patient's pain medication has been or going to be reduced. The patient was actually recommended to continue pain medication regimen as ordered on last clinical visit provided in the medical record. In addition the recommended number of acupuncture visits per guidelines is 6, and the patient has already received the 6 trial visits. There is functional documentation provided in the medical record, as to what was the patient's pain level and functional level prior to the already received acupuncture treatments. As such, the request for acupuncture to thoracic/interscapular area, QTY: 6.00 is non-certified.