

Case Number:	CM13-0025945		
Date Assigned:	11/22/2013	Date of Injury:	11/12/2011
Decision Date:	02/05/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice 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 73-year-old injured worker who reported an injury on 11/11/2011. The patient was noted to have a rotator cuff repair on 04/20/2012. The mechanism of injury was stated to be the patient had tables fall on them. The patient was noted to have undergone a pacemaker insertion on the date of the accident, 11/11/2011. The patients was noted to have a Soto Hall test that was positive, a foraminal compression test that was positive for pain at the rhomboid and levator scapulae, and a shoulder test that was positive bilaterally. The patient was noted to have ongoing pain in the left shoulder. The patient's diagnoses were noted to include chronic musculoligamentous sprain/strain of the cervical spine, left shoulder impingement syndrome, thoracic myofascitis, and lumbar strain. . It was noted the patient had a pacemaker put in due to his pressure. The request was made for acupuncture, an ortho consult, an IM consult, and a psych consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks for the low back: 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 Chronic Pain Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is a lack of documentation as to whether the patient had previous acupuncture therapy; however, the request would be excessive as the time produce effects is 3 - 6 treatments. The patient had more than 17 treatments of chiropractic care and as well failed to provide documentation of objective functional benefit. The request for acupuncture two times a week for four weeks for the low back is not medically necessary and appropriate.

Orthopedic consultant for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-211.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be supported for patients who have red flag conditions, activity limitation of more than 4 months, failure to increase range of motion and strength of musculature after an exercise program and clear and clinical evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. The clinical documentation submitted for review indicated the patient had shoulder pain that was constant rated a 9 most of the time. It was noted the patient could not grasp or grip things. The patient was noted to have a positive foraminal compression test in the rhomboid and levator scapulae. The shoulder depression test was positive bilaterally. The Soto Hall test was positive. The patient was noted to have tenderness at the left bicipital tendon and deltoid and the teres minor on the left. The patient was noted to have decreased shoulder range of motion. The patient was noted to have a positive apprehension test, posterior apprehension test, and Yergason's test on the left. However, the patient was noted to have less difficulty after treatment with activities, which require the patient to use their left shoulder. The physician opined the patient should have an orthopedic evaluation due to continued pain and weakness of the left shoulder. The clinical documentation submitted for review failed to provide documentation of failure of a range of motion program and failed to provide imaging evidence of a lesion that has been shown to benefit in the long and short term from surgical repair. The request for a orthopedic consultation for the left shoulder is not medically necessary and appropriate.

Internal medicine consultant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, pg.127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The ACOEM Guidelines indicate a referral may be appropriate if the practitioner is trying to treat a particular cause of delayed recovery. The clinical documentation submitted for review failed to indicate what in particular was being requested as far as an internal medicine consultant as there was a request for a pain management consultant. Additionally, it failed to provide the necessity for a specialist consultant and the clinical documentation lacked rationale for an internal medicine consultant. The request for an internal medicine consultant is not medically necessary and appropriate.

Psychological Consultant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, pg.127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that there should be consideration of a psych consult if the patient has evidence of depression, anxiety, or irritability. The clinical documentation submitted for review failed to provide the patient had signs or symptoms of depression, anxiety, or irritability, as there was a lack of documentation. The request for a psychological consultant is not medically necessary and appropriate.