

Case Number:	CM13-0056669		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2010
Decision Date:	08/25/2014	UR Denial Date:	10/26/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine, 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:

Injured worker is a female with date of injury 11/28/2010. Per primary treating physician's progress report dated 5/22/2013, the injured presents for follow up for arm injury. She is currently not working due to any light duty available. On examination she is cooperative and in no acute distress. Left shoulder has no redness, swelling, ecchymosis, gross deformity, or atrophy. Range of motion is reduced due to pain. She has tenderness to palpation over anterior and lateral shoulder. Speed's test is negative, Yergason's test is negative and arm drop test is negative. Hawkin's test is positive, impingement test is positive. Diagnoses include 1) carpal tunnel syndrome 2) lateral epicondylitis 3) strain/sprain of shoulder and upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, 78.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-

based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. This injured worker was injured over three years ago. The claims administrator reports that the requesting physician has not exhausted pain management within his scope of practice. Such referrals are not necessarily, because a physician has exhausted a scope of practice but rather it may be considered prudent to seek a specialist's management if a patient fails to improve as expected. The request for referral to pain management is determined to be medically necessary.

Referral for acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. This request is too vague in that it does not specify how many sessions of acupuncture are being requested. If the injured worker has participated in acupuncture previously, the number of sessions and efficacy of those sessions should also be reported. The request for referral for acupuncture is not medically necessary.