

Case Number:	CM13-0060373		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2012
Decision Date:	04/03/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 47-year-old male with a date of injury of 05/11/2012. The patient stated he does a lot of pushing and pulling at work and gradually developed pain, numbness and weakness at the left shoulder, forearm, elbow, hand, and fingers. The patient is diagnosed with left wrist and hand strain/sprain status post carpal tunnel release, left elbow strain/sprain status post epicondylectomy, left shoulder strain/sprain rule out tendinitis, impingement, rotator cuff tear, hypertension, diabetes mellitus, left forearm strain/sprain and rule out radial tunnel syndrome. The patient has had occupational therapy x6, PT x18 sessions, EMG/NCS completed on 08/20/2012, MRI of the left shoulder on 10/23/2012 with findings of supraspinatus tendonitis, degenerative changes, MRI of the left elbow on 11/29/2012, left elbow arthroscopy completed on 01/22/2013 along with partial synovectomy and left carpal tunnel release followed by PT x9 sessions. On the 10/09/2013 office visit, the patient had complaints of constant pain in the left hand, wrist, and left elbow. Pain level was 4/10 to 8/10 on the left elbow and 6/10 to 8/10 on the left hand and wrist. The patient notes that he does have intermittent pain to the left shoulder with pain rating of 2/10 to 3/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 6 to the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The patient is a 47-year-old male with an injury noted on 05/11/2012 as a result of performing his regular duties of mopping. California Guidelines do note for acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The documentation provided did show that the patient was still having some pain issues to the left hand and wrist but there was no documentation that pain medication has been reduced or has not been tolerated. The guidelines also noted time to produce functional improvement is 3 to 6 treatments. The request was acupuncture 2 x 6 which is a total of 12 sessions which does exceed recommendations for a trial to produce functional improvement per the guidelines. Therefore, the request is non-certified.

Physical therapy 2 times 6 to the left hand, left shoulder and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: The patient has had a total of 33 therapy sessions between OT and PT to date. The California Guidelines do note that physical therapy is recommended for the following myalgia and myositis, unspecified 9 to 10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified 8 to 10 visits over 4 weeks. The request would exceed the recommended number of sessions by California Guidelines. There also was no documentation from physical therapy to note the progression of the patient during these sessions. Therefore, the request is non-certified.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines state primary criteria for ordering imaging studies are include emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery or for clarification of the anatomy prior to an invasive procedure. The patient already has had an MRI of the left shoulder on 10/23/2012 which did show supraspinatus tendonitis, degenerative changes. There was a lack of rationale provided to support repeat imaging at this time. Therefore, the request is non-certified.

Functional improvement measurement with functional lift testing/30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: The Physician Reviewer's decision rationale: The California Guidelines state functional improvements measures the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The patient has been recommended to attend acupuncture as well as therapy; however, these requests have not been certified. Given the therapy has not been certified, the necessity of functional improvement measures has not been established. Therefore, the request is non-certified.