

Case Number:	CM13-0066157		
Date Assigned:	01/03/2014	Date of Injury:	08/13/2007
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesia, 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:

This patient is a 39 year old male injured worker with date of injury 8/13/07 with related pain at the right shoulder and the neck. Per a 11/14/13 report he experienced numbness in his right arm. He has difficulty with activities at home and has had substantially more difficulty with self care, cooking, and cleaning. He reported that he has recently had difficulty holding objects at times and dropped a cup of hot liquid on himself. Inspection of the right shoulder revealed no swelling, deformity, joint asymmetry or atrophy. Hawkins test was positive. On palpation, tenderness was noted in the biceps groove, subdeltoid bursa and trapezius. NCS/EMG from 3/2013 revealed carpal tunnel syndrome without radiculopathy, but the injured worker has experienced a progression of symptoms since that time. The documentation indicates that MRI of the back was taken in 1/2013, but the results are not available in the medical records provided for review. Treatment to date has include physical therapy, acupuncture, TENS, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL SESSIONS ACUPUNCTURE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Acupuncture

Decision rationale: With regard to acupuncture, the ODG states: "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." The documentation submitted for review indicates that the injured worker has attended at least six sessions of acupuncture. Per a 11/14/13 report, "The patient reports that the acupuncture is helping but he feels the frequency is not enough. He has been going once a week. Only six visits were authorized. He will finish out acupuncture and will reassess for benefit." Objective functional improvement was not documented in the medical records provided for review. Consequently, the request is not medically necessary and appropriate.

REFERRAL TO AN ORTHOPEDIC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Consultation, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2NDEDITION, (2004) , GENERAL APPROACH TO INITIAL ASSESSMENT AND DOCUMENTATION, PAGE(S)127

Decision rationale: The ACOEM Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The patient does have weakness, pain and impingement signs. Since the injured worker is wheelchair bound, orthopedic considerations for him are more complex, and therefore the threshold for when to refer for consultation is lower for this injured worker. The request is therefore medically necessary and appropriate.

INCREASE HOME CARE ATTENDANT TO 7 DAYS A WK FOR 4 HRS A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The MTUS Chronic Pain Guidelines state with regard to home care: "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the

bathroom when this is the only care needed." The documentation provided for review does not detail the specific role and duties of the home care attendant. Currently the injured worker has home care 5 days per week but it is asserted that 7 days per week are now necessary. The documentation submitted is not sufficient to establish medical necessity. The request is not medically necessary and appropriate.

MRI OF SHOULDER R/O ROTATOR CUFF TEAR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178; 182, 241.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: ACOEM Guidelines state, "For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as Final Determination Letter for IMR Case Number CM13-0066157 5 shoulder problems) - Physiologic evidence of tissue insult or neurovascular dysfunction (e.g.,cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) - Failure to progress in a strengthening program intended to avoid surgery. - Clarification of the anatomy prior to an invasive procedure (e.g., a fullthickness rotator cuff tear not responding to conservative treatment)." Progressing worsening of the right shoulder/neck pain and weakness is noted. The request is therefore medically necessary and appropriate.