

Case Number:	CM14-0000924		
Date Assigned:	01/22/2014	Date of Injury:	06/18/2010
Decision Date:	06/10/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine, has a subspecialty in Pain Medicine 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 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:

The injured worker is a 54-year-old female who reported an injury on 06/18/2010. The mechanism of injury was not stated. Current diagnoses include right shoulder pain, right elbow pain, and right wrist pain. The injured worker was evaluated on 12/06/2013. The injured worker was status post injection into the right wrist with 20% relief. Physical examination revealed 125 degrees abduction of the right shoulder, 135 to 140 degrees forward flexion, and marked restriction of external rotation. Treatment recommendations at that time included quarterly lab testing, physical therapy, and a point of contact drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state 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. The time to produce functional improvement includes

3 to 6 treatments. Therefore, the current request for 12 sessions of acupuncture treatment exceeds guideline recommendations. As such, the request is non-certified.

QUARTERLY LABS TO INCLUDE THE LIVER, KIDNEY FUNCTION STUDIES, OCCULT BLOOD, PLATELET COUNT, WHITE BLOOD CELL COUNT, AND URINALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, and repeat testing should be based on patient risk factors and related symptoms. As per the documentation submitted, there is no evidence of any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for repeat testing has not been established. As such, the request is non-certified.

POINT-OF-CARE (POC) LABS - URINE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING. Decision based on Non-MTUS Citation ODG, PAIN CHAPTER, URINE DRUG TESTING (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, URINE DRUG TESTING

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no evidence of non-compliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. As such, the request is non-certified.