

Case Number:	CM14-0009366		
Date Assigned:	02/14/2014	Date of Injury:	10/01/2001
Decision Date:	08/04/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 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:

The patient is a 69-year-old male who has submitted a claim for chronic pain syndrome with multiple orthopedic issues, right C6 radiculopathy, bilateral shoulder pain, bilateral knee pain, cervical myofascial pain, gastroesophageal reflux disease, impaired oral dentition, and vision issues associated with an industrial injury date of October 1, 2001. Medical records from 2010-2013 were reviewed. The patient complained of right neck pain with C6 radiculopathy with numbness and tingling and cramping in his right hand. He also has pain in bilateral knees, right medial and left medial, right greater than the left. There was increasing left shoulder pain as well. There was tenderness over the posterior cervical paraspinal muscles. There was loss of the C6 reflex. Sensation was diminished on the radial nerve distribution. There was positive thumb grind test on the right. Atrophy was present on the right shoulder while there was positive Neer's and Hawkin's sign on the left. There was tenderness noted on both knees. MRI of the left shoulder, dated December 5, 2013, revealed diffuse tendinosis, with high grade, partial thickness, bursal-side tear of the supraspinatus component; suspect posterior labral tear or chondrolabral separation; type 1 acromion, advanced AC joint arthrosis with subcortical edema and bone spurs; and mild peritendinitis. Treatment to date has included medications, physical therapy, acupuncture, teeth extraction, right shoulder surgery, right knee surgery, aqua therapy, transcutaneous electrical nerve stimulation (TENS), psychotherapy, and activity modification. Utilization review, dated January 10, 2014, denied the request for acupuncture x 20 visits weekly because the medical records did not document functional improvement for the past treatments. The request for replacement of current glasses was denied as well because the exam findings note that the patient's eyeglasses were in place, and there was no documentation that the current glasses were broken or why they need to be replaced.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY(20) ACUPUNCTURE VISITS (ONE PER WEEK): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines state acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the rationale for the request was to help control his leg pain as well as his cervical pain and radiculopathy, as it has been helpful in the past. The patient has had multiple sessions of acupuncture since 2010, however, it is uncertain whether there was objective functional improvement from the treatments. Moreover, the present request would exceed the recommended number of treatment sessions, and failed to specify the body part to be treated. As such, the request is not medically necessary.

REPLACE CURRENT GLASSES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Contact Lenses and Eyeglasses.

Decision rationale: Aetna states that replacement lenses are considered medically necessary under medical plans if required because of a change in the patient's physical condition (not including refractive changes). In this case, a progress report dated December 19, 2013 states that that patient keeps breaking his eyeglasses and needs to continue to have his glasses replaced. However, the same progress report indicated that the glasses were functional. There was no mention that the glasses were broken. There was also no objective ophthalmologic findings that would show change in the patient's condition. As such, the request is not medically necessary.