

Case Number:	CM14-0103007		
Date Assigned:	07/30/2014	Date of Injury:	05/17/2011
Decision Date:	09/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 a Board Certified Chiropractor 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 61 year-old male who reported an injury on 05/17/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his left shoulder. The injured worker's treatment history included acupuncture, medication, injections and chiropractic care. The injured worker was evaluated on 04/21/2014. It was documented that the injured worker had restricted range of motion of the left shoulder with tenderness to palpation over the joint with a positive impingement sign and positive crepitus. The injured worker's diagnoses included left shoulder impingement and left shoulder arthropathy of the acromioclavicular joint. A request for Acupuncture 2 times a week for 3 weeks for the left shoulder and instruction to continue a home exercise program was made. The injured worker was evaluated on 06/27/2014 by a qualified medical examiner and it was determined that the injured worker was not at maximum medical improvement and needed to continue activity limitations of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS recommends continued Acupuncture treatments be based on documented functional improvement and evidence of pain relief and medication reduction. The clinical documentation submitted for review does indicate that the injured worker has previously undergone Acupuncture sessions. However, there was no indication of significant functional improvement or symptom benefit to assist with medication reduction. Therefore, an additional course of Acupuncture would not be indicated in this clinical situation. As such, the requested 6 Acupuncture sessions are not medically necessary.

Infra Lamp: 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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: The requested Infra Lamp is not medically necessary. California Medical Treatment Utilization Schedule does not address durable medical equipment. Official Disability Guidelines recommend durable medical equipment that is customarily used to serve a medical purpose. Clinical documentation submitted for review does not adequately provide justification on how an Infra Lamp will significantly impact the injured worker's medical impairments. Furthermore, the request does not include a duration of treatment, frequency of treatment, or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Infra Lamp is not medically necessary.

Kinesio tape: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): page(s) 47.

Decision rationale: The requested Kinesio Tape is not medically necessary. California Medical Treatment Utilization Schedule does not recommend one exercise program over another. The clinical documentation does indicate that the injured worker is participating in a home exercise program. There was no justification provided as to why the addition of a Kinesio Tape would be needed if the injured worker is well versed in a home exercise program. Furthermore, the request does not include a frequency of treatment, duration of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Kinesio Tape is not medically necessary.