MAXIMUS Federal Services

Case Number:	CM14-0011281		
Date Assigned:	02/21/2014	Date of Injury:	09/21/2012
Decision Date:	07/16/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier left shoulder arthroscopy in 2012; unspecified amounts of acupuncture; and work restrictions.In a utilization review report dated January 9, 2014, the claims administrator approved a request for Voltaren, partially certified a request for 12 sessions of acupuncture as six sessions of acupuncture, and denied a request for Prevacid. In a handwritten note dated December 2, 2013, it was stated that the applicant was status post shoulder arthroscopy on September 25, 2013. A 12-session course of acupuncture, Voltaren, and Prevacid were endorsed, along with work restrictions. Little or no narrative commentary is provided. On January 13, 2014, the applicant was again placed off of work, on total temporary disability, and asked to pursue 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, LEFT SHOULDER QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, however, the lengthy and protracted course of treatment being sought here does not conform to the MTUS parameters. Therefore, the request is not medically necessary.

PREVACID 30 MG. QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prevacid in the treatment of NSAID-induced dyspepsia, in this case, however, there was no clear mention or discussion of dyspepsia, either NSAID-induced or stand-alone, on any recent progress note. The documentation on file was sparse, handwritten, and difficult to follow. Therefore, the request for Prevacid is not medically necessary.