

<b>Case Number:</b>	CM14-0013879		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Board Certified in Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 33 year old male with a date of injury of 7-18-13. The claimant reports neck, low back, bilateral shoulder, left knee, right foot and right ankle pain. Office visit from 12-2-13 notes the claimant has decreased range of motion of the cervical spine with evidence of spasms. Lumbar range of motion was decreased with evidence of tenderness. Diagnosis provided included headache, neck sprain/strain, brachial neuritis, chest wall contusion, lumbar strain/sprain, bilateral shoulder internal derangement, right shoulder full rotator cuff tear and right ankle sprain/sprain. The treating doctor recommended Vicodin, pending acupuncture, pending chiropractic manipulation for the cervical spine, lumbar spine, bilateral shoulders, and left knee, physical therapy, orthopedic evaluation for the right shoulder, psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Orthopedic consultation for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, consultation Official Disability Guidelines (ODG) - shoulder chapter - office visits.

**Decision rationale:** ACOEM Guidelines, Chapter notes regarding consultations that these are indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. ODG shoulder chapter under office visit, it is noted that these are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The claimant is still being provided with active treatment and the treating doctor is recommended chiropractic therapy, acupuncture, and other modalities for his shoulder. Therefore, based on the records provided, this claimant has not completed active treatment. Therefore, the request for consultation with an orthopedic surgeon is not indicated at this juncture, as the claimant has not maximized conservative care. Therefore, the medical necessity of this request is not established as medically necessary.

**1 Provee biosciences risk laboratory test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain chapter - genetic testing for potential opioid abuse.

**Decision rationale:** ACOEM and Chronic Pain Medical Treatment Guidelines are silent regarding this request. ODG notes that genetic testing for potential opioid abuse is not recommended. There is an absence in documentation to support this request, as there is no indication that this claimant is abusing opioids, or suspicious that there would be a strong genetic component that would require this testing to guide the treatment of his industrial injury. Therefore, the medical necessity of this request is not established as medically necessary.

**8 acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture Medical Treatment Guidelines notes that time to produce functional improvement: 3 to 6 treatments. There is an absence in documentation to support that this claimant's condition requires exceeding current guidelines recommendations. Therefore, the prior partial certification for acupuncture x 6 visits as provided by the prior reviewer was reasonable and medically indicated.