

Case Number:	CM14-0015288		
Date Assigned:	02/28/2014	Date of Injury:	06/04/2013
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/06/2014

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 Nevada. 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 records reflect that this 39 year-old individual was injured on June 04, 2013. A fall from a forklift is noted resulting in an injury to left side of the body. Prior treatment has included acupuncture, multiple medications and a urology consultation. A handwritten progress note indicated that eight sessions of acupuncture therapy have been completed and there are residual symptoms. The medication Norco has been used with limited success. A February progress note is handwritten and not particularly legible. There is a typewritten note indicating the mechanism of injury as being involved in a motor vehicle collision. Surgical intervention for left foot fracture were reported. Multiple other complaints are noted, appropriate diagnostic studies were completed. The use of a wheelchair was required through September, 2013. The physical examination noted decreased range of motion of the lumbar spine and left shoulder. A well healed ten centimeter surgical scar is noted of the lateral aspect of the right proximal lower extremity. The scars are consistent with a stab wound.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: When noting the reported mechanism of injury, the injury sustained, the current complaints, that a course of acupuncture have been completed and there is no objectification of any efficacy or utility with this intervention, there is insufficient clinical data presented to support this request. With this, the request is not medically necessary under the Acupuncture Medical Treatment Guidelines.

NORCO 10/325 MG, 120 TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, When to Continue Opioids Page(s): 80.

Decision rationale: When noting the date of injury, the injury sustained, the response to the surgical intervention and that there is no objective occasion of any significant improvement or amelioration of symptomology, there is limited clinical data presented to support this request. As outlined in the MTUS, use of this medication is indicated for short-term but greater than 16 weeks is not supported. As such, there is limited data presented to support this request and the request does not appear to be medically necessary.