

Case Number:	CM14-0019790		
Date Assigned:	04/28/2014	Date of Injury:	10/20/1999
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery 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 date of injury is October 20, 1999. The current diagnosis is pain in the shoulder joint for this 65-year-old individual. The records reflect a steroid injection into the left wrist has been performed and significant efficacy with this injection is reported. There are ongoing complaints of neck pain, headaches and difficulty sleeping. There is some discomfort noted in the base of the CMC joint on the right. A positive Finkelstein's test and a full range of motion is also noted. Also noted are multiple previous requests for acupuncture which have been certified in the preauthorization process. Cortisone injection to the left wrist, unspecified acupuncture for left wrist, and unspecified acupuncture left shoulder have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTION TO THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: A steroid injection into the left wrist has been completed. A repeat injection several weeks later would not be clinically indicated. Furthermore, the physical examination

report subsequent to the complete injection does not reflect sufficient relief proven to warrant a repeat injection. As such, there is insufficient clinical data presented to support this request.

ACUPUNCTURE LEFT WRIST (NO DURATION): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: When noting the date of injury, the injury sustained, the treatment to date (to include a number of previous sessions of acupuncture) and the parameters for acupuncture, it is noted in the medical treatment guidelines that such interventions are to be accomplished and the duration of care in a short number of weeks. Furthermore, without specific terms of frequency or duration, there is insufficient evidence presented to support this request. Tempered with the amount of acupuncture completed, this request is not supported.

ACUPUNCTURE LEFT SHOULDER (NO DURATION): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: When noting the date of injury, the injury sustained, the treatment to date and the parameters for acupuncture is noted in the medical treatment guidelines, as well as noting the number of acupuncture sessions already completed, there is no support for additional interventions. Furthermore, without specific in terms of frequency or duration there is insufficient evidence presented support this request.