MAXIMUS Federal Services

Case Number:	CM14-0110106		
Date Assigned:	08/01/2014	Date of Injury:	09/01/2009
Decision Date:	09/27/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

This is a 38 year old female with a 9/1/09 date of injury. The mechanism of injury was a slip and fall at work. The claimant is no longer working. In a follow-up on 11/14/13, subjective complaints include pain in the left shoulder that correlates to the neck along with aching and cramping in the hands and wrists. There is pain in the lower back with dull and sometimes sharper pain with stiffness without radicular components. There is pain in the hips, but it is actually closer to the low back and posterior pelvis. Objective findings include decreased lumbar spine range of motion without evidence of radiculopathy. There is decreased range of motion of the left shoulder, but normal strength, no instability, and no impingement. Bilateral wrists reveal full range of motion and negative nerve tests and no tenderness to palpation. Hip exam is unremarkable. Radiographs of the left shoulder, cervical spine, bilateral wrists, and lumbar spine are normal. MRI of the lumbar spine showed early disc desiccation at L4-5 and L5-S1, L4-5 disc protrusion, L5-S1 focal left paracentral disc protrusion. MRI of the right wrist was normal, and MRI of the left wrist showed a subchondral cyst. The patient had an ortho spine evaluation in Feb 2013. Diagnostic impression: lumbar degenerative disc disease, left shoulder tendonitis, bilateral wrist carpal tunnel syndrome, bilateral hip sprain/strain.Treatment to date: physical therapy, shockwave treatments, medications, acupuncture, and psychological therapy. A UR decision on 6/18/14 denied the request for acupuncture on the basis that the medical necessity was not established. The documentation did not show sustained objective functional benefits with acupuncture visits, and it was unclear how many visits the patient had attended in the past. The request for ortho consult was denied on the basis that there were limited objective findings that warranted orthopedic consultation for the left shoulder, lumbar spine, hip, and thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week times 4 weeks to the left shoulder, lumbar, bilateral wrist, hip, and thigh: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics, Pain, Suffering, and the Restoration of Function Chapter page(s) 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. In the present case, there is insufficient evidence that there has been sustained functional benefit with previous acupuncture visits. It is also unclear what the extent of previous acupuncture treatment was. Therefore, the request for acupuncture 3 times a week times 4 weeks to the left shoulder, lumbar, bilateral wrist, hip, and thigh is not medically necessary.

Ortho consult for left should, lumbar, bilateral wrists, hip, and thigh: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 6- Independent Medical Examinations and Consultations, page(s) 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the present case, the patient already had a lumbar spine evaluation by an orthopedist in Feb. 2012. There is apparently an EMG/NCV study scheduled for the upper extremities in order to rule out carpal tunnel syndrome. In the event that this study is positive, orthopedic consultation may be indicated at that time. Otherwise, there is limited clinical evidence that an orthopedic consultation is necessary at this time. Therefore, the request for ortho consult for left shoulder, lumbar, bilateral wrists, hip, and thigh is not medically necessary.