

Case Number:	CM14-0119447		
Date Assigned:	08/06/2014	Date of Injury:	04/28/2006
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 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:

The injured worker is a 57 year old female with a reported date on injury on April 28, 2006. The mechanism of injury is not described. The diagnosis is listed as osteoarthritis localized primary involving shoulder region and pain in joint involving shoulder region. An exam on August 01, 2014 demonstrates neck pain and bilateral upper extremity pain which radiates downward. The pain is aggravated by walking. The injured worker reported the use of acupuncture, muscle relaxant, sleep aide medication, and permanent spinal cord stimulator. All noted to be helpful. Acupuncture and medications have provided some relief. The number of acupuncture visits is unknown. On observation, the injured worker was noted as depressed and tearful. On exam of upper extremity no gross abnormalities were found. Atrophy was noted in the bilateral hands. The injured worker is currently not working and permanently disabled. The current request is for psychologist evaluation and treatment and twelve sessions of acupuncture to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist Evaluation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4.

Decision rationale: Per CA MTUS guidelines, Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. In this case, the injured worker is noted to have symptoms of depressive disorders. She is a candidate for psychological evaluation. However, psychological interventions and treatment can only be determined after a thorough evaluation. The request is not medically necessary.

Acupuncture Right shoulder x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4-9.

Decision rationale: Acupuncture is 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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement: 3 to 6 treatments with a frequency: 1 to 3 times per week and optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. If implemented, the guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. In this case, there is no evidence of pain medication being reduced or not tolerated. There is no documentation of any significant improvement in pain or function with prior treatments. The request of acupuncture is not medically necessary.