MAXIMUS Federal Services

Case Number:	CM14-0131831		
Date Assigned:	08/20/2014	Date of Injury:	10/14/2013
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency Medicine 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:

The injured worker is a 46 year old female who reported an injury 10/14/2013. The injury reportedly occurred when a soccer ball was kicked into her left shoulder. Her diagnoses were listed as left shoulder impingement syndrome, left lateral epicondylitis, and left shoulder sprain or strain. The past treatment included a left shoulder injection, physical therapy, a TENS unit, and medication. The diagnostic studies documented were nerve conduction studies on 12/06/2013 of the bilateral upper extremity somatosensory, lumbar spine x-rays ordered and a left shoulder MRI in December of 2013 which revealed tendonosis. Her surgical history included a left thumb and left wrist surgery in 1/21/213. On 07/10/2014, the injured worker complained of pain and weakness to her left shoulder with pain and stiffness to her left elbow associated with repetitive movement. Upon physical examination, she was noted to have a 4/5 motor strength of the left supraspinatus. She had a positive Neer's test and Cozen's test. Her medications were not specifically noted. The treatment plan was for acupuncture once a week and request a functional capacity evaluation. The rationale for the request was not provided.The request for authorization form was signed and submitted on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with infrared therapy and stimulation #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture with infrared therapy and stimulation #8 is not medically necessary. The Acupunture Medical Treatment Guidelines recommend 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. The time noted to produce functional improvement is three to six treatments, with a recommended frequency of one to three times per week and a duration of one to two months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker complained of pain, however, there was not sufficient documentation indicating that the dosage of her medications had been reduced or that the treatment was not tolerated. In addtion, there was no documentation indicating that she would be participating in a therapeutic exercise program concurrently and the request for 8 visits exceeds the guidelines' recommendation for an initial trial of 3-6 visits. Therefore, the request is not medically necessary.

Physical Therapy Aquatic based #8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back Chapter, Aquatic therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 99.

Decision rationale: The request for phsical therapy aquatic based #8 is not medically necessary. The California MTUS Guidelines may recommend aquatic therapy as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable.Treatment is recommended for up to 10 visits over 8 weeks. The injured worker was not documented to have clear need for reduced weight bearing exercise and the documentation did not sufficiently provide evidence as to the need for aquatic therapy as opposed to a land-based therapy to support the request. Therefore, the request is not medically necessary.

Pain management physician consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 , 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: The request for pain management physician consultation is not medically necessary. The Official Disability Guidelines may recommend office visits as determined by medical necessity. The determination is based on what medications the patient is taking, as some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker. The injured worker was

noted to be taking pain medications; however, her current medications were not clearly documented. The documentation did not sufficiently provide an evaulation of the pain in regards to if the pain medications provide any relief, how long the relief lasts and if they allow an increase in function. Based on the lack of documented evidence of what medications the injured worker was currently taking, the effects of the medication, and a clear rationale for the referral, the request is not supported. Therefore, the request is not medically necessary.