

Case Number:	CM14-0144296		
Date Assigned:	09/12/2014	Date of Injury:	07/16/2013
Decision Date:	12/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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 Geriatrics and is licensed to practice in New York. 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 56 year old man with a date of injury of 7/16/13. He was seen by his primary treating physician on 7/25/14. He is status post right shoulder arthroscopic chondroplasty, extensive debridement of labral tissue, subacromial decompression and long head biceps tenodesis. He had complaints of right shoulder pain. His exam of the right shoulder showed slight - moderate spasticity and tenderness to palpation. He had decreased range of motion by 20% and a positive Yergason's and Apley's Scratch test. He had discrepancies in sensory and reflex. Diagnoses were sub-acute traumatic moderate repetitive right shoulder sprain/strain, post-arthroscopic surgery 1/15/14, anxiety/depression/stress with associated mood swings and irritability and nightly sleep disturbances. At issue in this review is a psychological evaluation and Acupuncture/Electro-Acupuncture, Shiatsu, Infrared Lamp, vasopneumatic Device and cupping x 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture/Electro-Acupuncture, Shiatsu, Infrared Lamp, vasopneumatic Device and cupping x 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 4, 8-9.

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. The records do not indicate that he is that he is participating in an ongoing exercise program to which the acupuncture would be an adjunct. In this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for 8 acupuncture treatments.

Psychological evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 40-41, 88.

Decision rationale: This injured worker sustained an injury in 7/13 and is status post right shoulder surgery with chronic pain. Psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The physician suggests that the worker has anxiety/depression/stress with associated mood swings and irritability and nightly sleep disturbances. The records do not document that the physician explored these symptoms or severity of these symptoms in any detail with the worker or provided any cognitive or psychiatric evaluation to substantiate the diagnoses. The primary care physician can treat the symptoms first prior to referral to a psychologist or psychiatrist. The records do not justify the medical necessity for a psychological evaluation.