MAXIMUS Federal Services

Case Number:	CM14-0184880		
Date Assigned:	11/12/2014	Date of Injury:	10/13/2013
Decision Date:	12/19/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; opioid therapy; unspecified amounts of physical therapy; and earlier shoulder surgery. In a utilization review report dated November 3, 2014, the claims administrator denied a request for an additional 15 minutes per acupuncture session - quantity 6, denied a request for 6 sessions of infrared therapy, denied a request for 6 sessions of electrical stimulation, denied a request for 6 sessions of traction, denied a request for 6 electrical stimulator supplies, approved a request for 90 acupuncture needles, and approved a request for 7 electroacupuncture supplies. The claims administrator stated that its decisions were based on an October 22, 2014, progress note. The applicant's attorney subsequently appealed. In a progress note dated October 22, 2014, the applicant reported ongoing complaints of left shoulder pain, at times stabbing and severe. The attending provider stated that his medication consumption had escalated following earlier denials of acupuncture. The applicant carried diagnoses of chronic pain syndrome, myofascial pain syndrome, and opioid tolerance status post earlier shoulder surgery. The applicant's medication list included Prilosec, gabapentin, Naprosyn, Neurontin, and Catapres. The applicant was off work, on total temporary disability, it was acknowledged, and was represented, it was further stated. Multiple medications were issued, including Naprosyn, Robaxin, Prilosec, Neurontin, and Catapres. On September 11, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant was using Prilosec, Neurontin, Naprosyn, and Norco, it was acknowledged. The applicant received acupuncture in the clinic setting. In an October 20, 2014 progress note, one of the applicant's treating providers suggested that the applicant return to work on October 27, 2014. It was stated that the applicant was no longer

using pain medications. The applicant received a variety of treatment modalities along with acupuncture. For instance, the applicant also received manipulative therapy on a September 11, 2014, office visit during which acupuncture was also delivered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 15 minutes per acupuncture session: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Acupuncture GuidelinesOfficial Disability Guidelines: Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d do acknowledge that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f), in this case, however, the progress notes on file contain no reference to the request for an additional 15 minutes of acupuncture per acupuncture session. It is not clearly stated why precisely the applicant needed to receive an additional 15 minutes per acupuncture session. There is no mention of standard acupuncture treatment time's being inadequate on any of the progress notes cited above. The documentation on file, thus, does not support the request. Therefore, the request is not medically necessary.

Infrared: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy Topic, Physical Medicine Topic Page(s): 57, 98.

Decision rationale: As noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, low-level laser therapy, of which the infrared therapy at issue is a subset, is deemed "not recommended" in the chronic pain context present here. It is further noted that page 98 of MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities such as infrared therapy and others be employed "sparingly" during the chronic pain phase of the claim. Here, however, the request for multiple passive modalities, including manipulative therapy, physical therapy, traction, electrical stimulation, etc., runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

Electrical stimulation Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and, by implication, provision of associated supplies should be predicated on evidence of a favorable outcome during an earlier one-month trial of said TENS unit device, in terms of both pain relief and function. Here, however, the information on file does not establish the presence of a previously successful one-month trial of a TENS unit. For instance, on September 11, 2014, the applicant was given TENS therapy in the clinic setting. There is no mention, however, of the applicant's having received a TENS unit on a home trial basis before a request to furnish associated electrical stimulator supplies was initiated. Therefore, the request is not medically necessary.

Traction Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Physical Medicine Topic Page(s): 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, traction, the article at issue, is deemed "not recommended." It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a class, be employed "sparingly" during the chronic pain phase of a claim. Here, however, the request for 6 in-office traction visits, thus, is at odds with MTUS principles and parameters, particularly when sought in conjunction with several other passive modalities, including infrared therapy, electrical stimulation, etc. Therefore, the request is not medically necessary.

Electrical stimulator supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic Page(s): 98-99.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as electrical stimulation should be employed "sparingly" during the chronic pain phase of a claim. Here, however, the attending provider appeared intent on maximizing passive modalities such as manipulative treatment, which was seemingly performed in conjunction with acupuncture on several recent 2014 office visits, referenced above. The request for 6 in-office sessions of electrical stimulation, thus, is at odds with MTUS principles and parameters, particularly in light of the fact that page 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorses "active self-directed home physical medicine"

during the chronic pain phase of a claim. Here, the applicant was returned to regular-duty work as of October 27, 2014, it was suggested above. It was not clearly stated why the applicant could not likewise transition to self-directed home physical medicine as opposed to pursuing further passive modalities such as in-office electrical stimulation. Therefore, the request is not medically necessary.