

Case Number:	CM14-0028315		
Date Assigned:	06/16/2014	Date of Injury:	02/01/2013
Decision Date:	12/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old male with the injury date of 02/01/2013. The patient presents with pain in his left shoulder and left wrist. The patient rates his pain as 3/10, aggravated by his activities, such as pushing, pulling or lifting. The patient describes his pain as sharp and severe without radiating symptoms. The patient presents full range of left shoulder or left wrist motion. There is tenderness over the left trapezius muscle and over the dorsal aspect of the left wrist. There is swelling in the left wrist. MRI from 10/17/2013 shows mild rotator cuff tendinosis, degeneration of superior and anterior labrum, moderate joint arthrosis, and tenosynovitis of long head of biceps tendon. Per 12/18/2013 report suggests that the patient is able to work without restriction. Per the utilization review letter on 02/10/2014, the patient is taking Motrin. Diagnoses on 11/19/2013 1) Left shoulder rotator cuff syndrome with bursitis 2) Left wrist fracture healed with persistent pain The utilization review determination being challenged is dated on 02/10/2014. Treatment reports were provided from 02/02/2013 to 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, evaluate and treat 2 times a week for 4 weeks (8 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain in his left shoulder and left wrist. The request is for 8 visits of acupuncture. MTUS guidelines recommend acupuncture up to 1-3 times a week and 1-2 months with functional improvement, after an initial trial. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. In this case, the treater does not explain why additional therapy needed at this point or how the patient responded to acupuncture. For additional acupuncture, "functional improvement" defined as significant improvement in ADL's, or change in work status AND decreased dependence in medical treatment must be documented. The patient has had 6 sessions and the treater does not provide any documentation of functional improvement. The request is not medically necessary.

Motrin 800mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Medications for chronic pain Page(s): 67, 68, 60.

Decision rationale: The patient presents with pain in his Left shoulder and left wrist. The request is for MOTRIN 800mg #60. Per utilization review letter on 02/10/2014, the patient has been utilizing Motrin since at least 12/18/2013. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term sympathetic relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Motrin or how Motrin has been helpful in terms of decreased pain or functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of sufficient documentation demonstrating efficacy for chronic NSAIDs use, the request is not medically necessary.