

Case Number:	CM14-0036505		
Date Assigned:	06/25/2014	Date of Injury:	08/11/2011
Decision Date:	08/08/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 neck and bilateral shoulder pain reportedly associated with an industrial injury of August 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, unspecified amounts of extracorporeal shockwave therapy; and reported return to work as an eligibility worker grade 2, per an earlier note of July 1, 2013. In a utilization review report dated March 11, 2014, the claims administrator denied a request for 12 sessions of acupuncture. The claims administrator stated that there was no evidence that the applicant had demonstrated functional improvement with an earlier six sessions of acupuncture. The claims administrator did not elaborate or expound upon the presence or absence of improvement here. The claims administrator also denied a hot and cold therapy unit for home use purposes. Non-MTUS 2008 ACOEM Guidelines were cited, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In a March 3, 2014 handwritten progress note, the applicant was apparently returned to regular work, despite ongoing complaints of neck and shoulder pain. On February 10, 2014, the applicant apparently presented to a new primary treating provider (PTP). The applicant stated that she obtained attorney representation as a result of dissatisfaction with her employer. It was suggested that the applicant was working regular duty with her pre-injury employer, despite ongoing complaints of shoulder pain, hand pain, sleep disturbance, depression, anxiety, and dyspepsia. The applicant had comorbid hypothyroidism, it was acknowledged. Twelve sessions of acupuncture were apparently sought, along with a hot and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture bilateral shoulder and cervical spine two (2) times a week for six (6) weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is 3 to 6 treatments in this case, no compelling rationale has been made for treatment at rate 2 to 4 times MTUS parameters. Therefore, the proposed 12-session course of acupuncture is not medically necessary.

Hot /Cold therapy unit for home use for bilateral shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 155.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6 and the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, at-home local applications of heat and cold are considered options in the treatment of shoulder and low back complaints, as part and parcel of self care, to aide home exercises. ACOEM, thus, supports simple, low-tech at-home application of heat and cold as opposed to the more elaborate hot and cold therapy device being sought by the attending provider. No rationale for usage of the same was provided so as to counter the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.