

Case Number:	CM14-0042160		
Date Assigned:	06/30/2014	Date of Injury:	07/09/2012
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 31 year old female whose date of injury is 07/09/2012. On this date, she lifted a mattress and felt pain in her left wrist. Electrodiagnostic study dated 10/27/12 revealed no obvious cervical radiculopathy or brachioradial. There are findings consistent with left median neuropathy at the wrist. Treatment to date includes acupuncture, individual psychotherapy, group therapy and medication management. Progress note dated 07/14/14 indicates that the injured worker has been undergoing group psychotherapy including cognitive behavioral therapy. The injured worker was noted to be scheduled for left shoulder arthroscopy on 07/30/14 and also for left wrist surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contine Acupunture 2 x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for continued acupuncture 2 x 4 is not recommended as medically necessary. There are no objective measures of improvement provided secondary to prior acupuncture. There is no current, detailed physical

examination submitted for review and no specific, time-limited treatment goals are provided. California Medical Treatment Utilization Schedule guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. Therefore, the request is not medically necessary.

Continue Psych: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Procedure Summary last updated 12/27/2012 notes.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: Based on the clinical information provided, the request for continued psych is not recommended as medically necessary. There is insufficient clinical information provided to support this request. The number of visits completed to date is unknown. There are no objective measures of improvement provided to establish efficacy of treatment and support ongoing sessions. California Medical Treatment Utilization Schedule guidelines support ongoing treatment only with objective evidence of improvement. The request is nonspecific and does not indicate the frequency and duration of treatment. There is no updated evaluation or testing measures provided. Therefore, the request is not medically necessary.