

Case Number:	CM14-0059914		
Date Assigned:	07/09/2014	Date of Injury:	10/14/2013
Decision Date:	12/31/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 and 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 46 year old with an injury date on 10/14/13. Patient complains of left shoulder pain rated 7/10 with weakness, and left elbow pain rated 7/10 with stiffness associated with repetitive movement per 3/20/14 report. Patient states that shockwave therapy has helped left shoulder pain per 3/20/14 report. Based on the 3/20/14 progress report provided by the treating physician, the diagnoses are: 1. left shoulder impingement syndrome 2. Left shoulder s/s 3. Left lateral epicondylitis. Exam on 1/10/14 showed "left shoulder range of motion limited with abduction at 90 degrees. Left elbow range of motion limited with flexion at 100, extension at 0." Patient's treatment history includes medications, shockwave therapy, left shoulder steroid injection, but no surgeries. The treating physician is requesting acupuncture one time a week for six weeks for left shoulder, and a consultation with an orthopedic physician. The utilization review determination being challenged is dated 4/1/14 and denies acupuncture due to lack of functional deficits of shoulder, and denies orthopedic consultation due to lack of flare/exacerbation of shoulder. The requesting physician provided treatment reports from 10/14/13 to 5/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one time a week for six weeks for left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with left shoulder pain, and left elbow pain. The provider has asked for acupuncture one time a week for six weeks for left shoulder on 3/20/14. Review of the reports does not show any evidence of acupuncture being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient presents with chronic shoulder pain. The patient has not had prior acupuncture, and a trial of 6 acupuncture sessions is medically reasonable. Recommendation is for authorization.

Consultation with an orthopedic physician: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- Independent Medical Examinations and Consultations regarding Referrals, Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- Independent Medical Examinations and Consultations regarding Referrals, Chapter 7 page 127.

Decision rationale: This patient presents with left shoulder pain, and left elbow pain. The provider has asked for consultation with an orthopedic physician on 3/20/14. The provider is considering surgical options for patient as conservative treatment has failed per 3/20/14 report. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient presents with chronic shoulder/elbow pain. The requested orthopedic consult is reasonable for future surgical planning, as patient has failed conservative treatment. Therefore, the request is medically necessary and appropriate.