

Case Number:	CM14-0061486		
Date Assigned:	07/09/2014	Date of Injury:	12/24/2009
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a 52-year-old male with a 12/24/09 date of injury. The mechanism of injury was not noted. According to a 7/14/14 progress report, the patient complained of worsened low back and leg pain, as well as worsened right shoulder pain. There is improvement in lumbosacral range of motion, and motor strength is 5/5 in the lower extremities. The diagnostic impression is of right shoulder rotator cuff injury with status post right shoulder surgical repair, lumbosacral sprain/strain injury, possible lumbosacral disc injury, lumbosacral facet arthropathy with foraminal stenosis, and right shoulder sprain/strain injury. Treatment to date has been medication management, activity modification, electro-acupuncture, chiropractic treatment, massage therapy, and use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture (includes infrared heat and myofascial release) QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional Improvement Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Clinical Topics Page(s): 1.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. According to the reports reviewed, the patient has had electro-acupuncture in the past and had a great response. However, there is no documentation as to how many total electro-acupuncture sessions this patient has had. Therefore, the request is not medically necessary.

Massage Therapy QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The California MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The patient has had massage therapy in the past, and it is documented that the patient had 4 additional visits of massage therapy certified in a 1/8/14 report. However, the total number of massage sessions was not provided. Guidelines only support up to 6 visits in most cases. Therefore, the request is not medically necessary.