

Case Number:	CM14-0073750		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2013
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year old female was reportedly injured on September 3, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of unchanging neck pain, low back pain, right upper extremity pain, and left knee pain. The physical examination demonstrated decreased range of motion and muscle spasms throughout the cervical and lumbar spine, tenderness and decreased range of motion of the right shoulder, right elbow, right wrist, and left knee. Imaging studies of the right shoulder revealed tendinosis of the supraspinatus and infraspinatus tendons with a partial thickness tear of the supraspinatus. There was also mild acromioclavicular arthritis. Previous treatment includes physical therapy. A request was made for acupuncture for the cervical spine, lumbar spine, and left knee, a urine drug test, and a cortisone injection for the right shoulder and was not certified in the preauthorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, lumbar spine and left knee #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines acupuncture can be considered as an optional treatment when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical therapy or rehabilitation and/or surgical intervention to hasten functional recovery. A review of the medical records indicates that the injured employees currently case and have not been reduced or not tolerated. Considering this, the request for acupuncture for the cervical spine, lumbar spine, and left knee is not medically necessary.

Urine test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.

Cortisone injection for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Shoulder Procedure Summary last updated (3/31/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Steroid Injections: (updated 7/29/14).

Decision rationale: The Official Disability Guidelines support steroid injections for specific diagnosis: adhesive capsulitis, impingement syndrome and rotator cuff problems; except for post traumatic impingement of the shoulder. One injection is supported for failure of three months of conservative treatment, pain interferes with functional activities, and is intended for short-term control of symptoms to resume conservative medical management. Review of the available medical records, does not make a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Furthermore there is no discussion of the efficacy of physical therapy.

Considering this, this request for a steroid injection of the right shoulder is not medically necessary.