

Case Number:	CM14-0088760		
Date Assigned:	07/23/2014	Date of Injury:	10/17/2012
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 44 year old female with a reported injury on 10/17/2012 due to repetitive strain causing injury to her right upper extremity. Her diagnoses included right lateral epicondylitis, right shoulder tendinitis, right shoulder SLAP lesion, possible adhesive capsulitis to the right shoulder, right forearm tendinitis, and chronic cervicobrachial syndrome. The injured worker has failed extensive courses of non-operative care to include activity modification, splinting, anti-inflammatory medications and multiple corticosteroid injections. The injured worker had an examination on 04/23/2014 with complaints in her neck and right upper extremity. Upon examination, there was guarding with range of motion of the cervical spine, and range of motion was less than 50% of normal. There was tenderness to palpation over the right posterior cervical triangle and tenderness over the anterior cervical triangle. There was tenderness to palpation over the medial aspect of the right scapula. She had forward flexion of the right shoulder was 150 degrees, abduction was 130 degrees, external rotation was 70 degrees, and internal rotation was 30 degrees. Impingement and adduction signs were positive. The medications that were provided were Norco and Flexeril. The injured worker was interested in pursuing surgical treatment. The physician's treatment plan included recommendations for the injured worker to see a pain management specialist for management of her ongoing chronic pain, and to start using Lidoderm patches. The request for authorization was not provided, and the rationale for acupuncture was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times six for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines stated that acupuncture is used as an option when pain medication is reduced or not tolerated. It also may be used in adjunct to physical rehabilitation and/or surgical intervention to hasten the functional recovery period. The guidelines recommend 3-6 sessions to produce functional improvement, followed by 1-3 sessions per week over an optimum duration of 1-2 months. The requesting physician did not include an assessment of the injured worker's pain. There is no evidence of inflammation. There is no indication that the injured worker was not able to tolerate medications or medications were reduced. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for the acupuncture times 6 for the right upper extremity is not medically necessary.

Pain Management Consultation for the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS guidelines state consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The requesting physician did not include an assessment of the injured worker's pain. The injured worker has failed extensive courses of non-operative care to include activity modification, splinting, anti-inflammatory medications and multiple corticosteroid injections. The provider indicated the injured worker was prescribed Norco 10/325mg and was recommended for surgical intervention. The provider recommended the injured worker see a pain management physician for her chronic pain, and in the meantime, he would maintain the injured worker on Norco 10/325mg. After referral to pain management, the physician would defer the narcotic medications to the pain management specialist. Given the interventions previously performed in an attempt to manage the injured worker's pain, her ongoing pain, and continued use of opioid medication, a referral for pain management would be indicated for pain and opioid medication management. Therefore, the request for pain management consult for the right upper extremity is medically necessary.