

Case Number:	CM14-0187715		
Date Assigned:	11/18/2014	Date of Injury:	07/23/2013
Decision Date:	01/07/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 32year old woman with a work related injury dated 7/23/13 resulting in chronic pain in the hands and left upper extremity. The patient has had an MRI arthrogram of he left shoulder dated 11/21/13 showing a full thickness tear involving the rotator cuff interval. She has been treated with surgery on 8/18/14 including left should resection of the coracoacromial ligament and left shoulder subacromial decompression with acromioplasty. The patient was evaluated on 11/3/14 by the primary treating physician. She continued to complain of left shoulder pain and bilateral wrist/hand pain. The exam showed decreased range of motion of the left shoulder. The plan of care included acupuncture of the left shoulder 2x/week x 4 weeks and CYP 450 pharmacological assay with continued oral analgesic medications. Under consideration is the medical necessity of acupuncture of the left shoulder #8 and the CYP 450 assay (genetic testing) for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left shoulder Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to the ACOEM regarding acupuncture for the treatment of shoulder pain, some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. In this case the patient has already been treated with acupuncture for shoulder and upper extremity pain. The documentation doesn't support that there was significant improvement to warrant further treatment. The prescribed acupuncture for the left shoulder #8 isn't medically necessary.

CYP 450 assay medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines; The Cytochrome P450 Superfamily: Biochemistry, Evolution and Drug Metabolism in Humans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary

Decision rationale: According to the ODG genetic testing for potential opioid abuse is not recommended at this time and is considered experimental. In this case the patient has chronic pain treated with opioid and non-opioid medications. The documentation does not support that the patient has had abnormal urine toxicology or that the patient is suspected of abuse or misuse of opioid medications. The use of genetic testing is not medically necessary.