

Case Number:	CM14-0029710		
Date Assigned:	06/16/2014	Date of Injury:	08/31/2012
Decision Date:	05/01/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 64 year old male, who sustained a work related injury on 8/31/12. He fell injuring his right shoulder and lower back. The diagnoses have included right shoulder impingement syndrome and right shoulder labral tear and right arm radiculopathy. Treatment to date has included medications. In the PR-2 dated 1/23/14, the injured worker complains of right shoulder pain. He states he has "electrical" sharp pain that radiated to right forearm. He has numbness and tingling to right forearm. He has painful range of motion on right shoulder. He is tender to palpation of right shoulder superiorly and anteriorly. He has a positive right shoulder impingement sign. The treatment plan is request an orthopedic evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC EVALUATION AND TREATMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM FOR INDEPENDENT EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS, CHAPTER 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines orthopedic referral Page(s): 305-306.

Decision rationale: The medical records provided for review indicate physical exam findings of persistent right shoulder impingement despite conservative treatment and persistent neurologic symptoms of numbness and tingling. As the medical records support need for further assessment of condition for planning treatment and prognosis, a referral for orthopedic opinion was requested. As such, congruent with ODG guidelines, medical necessity of orthopedic referral is supported by the records provided for review. The request is medically necessary.

CONTINUE E-ACUPUNCTURE WITH ADJACENT PROCEDURES/MODALITIES FOR THE RIGHT SHOULDER 2 TIMES PER WEEK FOR 1 MONTH: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, acupuncture.

Decision rationale: The medical records do not indicate any physical examination findings or indicate specific objective functional outcomes from the therapy to date or indicate specific goals of additional acupuncture treatment. ODG guidelines support acupuncture for lumbar pain as an adjunct to conventional therapy. Additional sessions are supported under ODG if there is demonstrated functional benefit or identified improvements in ROM or strength. The medical records provided for review do not indicate any information in support of extenuating circumstances for the insured. As such, the medical records do not support additional acupuncture congruent with ODG. The request is not medically necessary.