

Case Number:	CM14-0214349		
Date Assigned:	01/07/2015	Date of Injury:	11/08/2012
Decision Date:	03/16/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 11/08/2012. The mechanism of injury was not provided. Her diagnoses include cervical sprain, right hand sprain, fracture of right middle finger, bilateral shoulder sprain, and depression. Past treatments were noted to include acupuncture and medications. On 11/06/2014, the injured worker had complaints of pain to her right shoulder that she rated 1/10, right fingers and thumb that she rated 5/10, and bilateral neck pain that she rated 4/10. She also had complaints of pain in her depression and that she has a shorter temper and difficulty sleeping as well as a fear of dogs. Upon physical examination, it was noted the injured worker's exterior rotation to her right shoulder measured 80 degrees. Her range of motion to her cervical spine measured 40 degrees on bilateral flexion, 60 degrees on bilateral extension, 75 degrees on right rotation, 70 degrees on left rotation, 40 degrees on right tilt, and 35 degrees on left tilt. Medications were noted to include Ambien 10 mg, topical analgesics, and Tylenol No. 3. The treatment plan was noted to include to continue acupuncture, orthopedic surgery consultation, and psychiatric evaluation, and analgesic topical creams. A request was received for Acupuncture (x6) with E-Stim to cervical spine, RUE, Orthopedic surgery consult for right shoulder, Analgesic topical creams (unspecified), ROM (B) Shoulders (retrospective DOS 11/6/14), and ROM cervical spine (retrospective DOS 11/6/14) in order to decrease pain levels, increase functional capabilities, address the right shoulder, and address anxiety, stress, and depression. The request for authorization was signed 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (x6) with E-Stim to cervical spine, RUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture (x6) with E-Stim to cervical spine RUE is not medically necessary. According to the California MTUS Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated in order to improve function when in adjunct to physical rehabilitation. The guidelines indicate that no more than 24 visits should be necessary after the 6 visit initial trial. The clinical documentation submitted for review indicated the injured worker had participated in previous acupuncture to the cervical spine; however, there was not quantitative objective findings regarding functional improvement from the previous sessions. Consequently, the request is not supported by the evidenced based guidelines. As such, the request for Acupuncture (6) with E-Stim to cervical spine RUE is not medically necessary.

Orthopedic surgery consult for right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request for Orthopedic surgery consult for right shoulder is medically necessary. According to the California MTUS/ACOEM Guidelines, referrals are warranted depending on the issue at hand. It was indicated the injured worker had complaints of pain despite by previous modalities. Accordingly the request is supported. As such, the request for Orthopedic surgery consult for right shoulder is medically necessary.

Analgesic topical creams (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Analgesic topical creams (unspecified) is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommend for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical

documentation submitted for review did not indicate that the injured worker had tried and failed antidepressants and anticonvulsants. Consequently, the request is not supported. Additionally, the request does not specify which topical cream is being requested, duration, frequency, or body region this is to be applied to. As such, the request for Analgesic topical creams (unspecified) is not medically necessary.

ROM (B) Shoulders (retrospective DOS 11/6/14): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Range of motion.

Decision rationale: The request for ROM (B) Shoulders (retrospective DOS 11/6/14) is medically necessary. According to the Official Disability Guidelines range of motion of the shoulder should always be examined in cases of shoulder pain. The clinical documentation submitted for review indicated the injured worker had shoulder pain. Accordingly, the request for ROM (B) Shoulders (retrospective DOS 11/6/14) is supported. As such, the request for ROM (B) Shoulders (retrospective DOS 11/6/14) is medically necessary.

ROM cervical spine (retrospective DOS 11/6/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Flexibility.

Decision rationale: The request for ROM cervical spine (retrospective DOS 11/6/14) is not medically necessary. According to the Official Disability Guidelines, flexibility is not recommended as primary criteria. The relation between range of motion measures and functional ability is weak or nonexistent. Consequently, the request is not supported. As such, the request for ROM1 cervical spine (retrospective DOS 11/6/14) is not medically necessary.