MAXIMUS Federal Services

Case Number:	CM14-0096795		
Date Assigned:	07/28/2014	Date of Injury:	08/19/2013
Decision Date:	01/05/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational Medicine is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 19, 2013. In a Utilization Review Report dated June 11, 2014, the claims administrator failed to approve request for eight sessions of acupuncture and also denied a request for eight sessions of work conditioning. The claims administrator stated in the body of its report that it was basing its decision on ODG Work Conditioning Guidelines and incorrectly stated that the MTUS did not address the topic. The claims administrator stated that the treating provider had failed to outline what deficits it failed had likewise failed to outline how much acupuncture the applicant had had. The claims administrator stated that its decision was based on a Request for Authorization (RFA) form dated May 19, 2014 and a progress note dated May 13, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 28, 2014, the applicant was placed off of work through March 31, 2014 and then returned to regular duty work effective April 1, 2014. In a May 13, 2014 office note, the applicant reported ongoing complaints of neck pain, shoulder pain, mid back pain, and insomnia. The applicant was asked to obtain shoulder MRI imaging, an orthopedic consultation, a sleep study, a psychiatry consultation, eight sessions of work conditioning, and eight sessions of acupuncture. A 10-pound lifting limitation was endorsed. The note comprised almost entirely of preprinted checkboxes, with little-to-no narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 Right Clavicle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a do acknowledge that acupuncture can be employed for a wide variety of purposes, including for chronic pain purposes, to reduce anxiety, to reduce inflammation, and/or to reduce muscle spasm, in this case, however, it was not clearly stated for what purpose acupuncture was being employed. The progress note provided comprised entirely of preprinted checkboxes. There was no mention of whether or not the applicant had had prior acupuncture. The eight-session course of treatment proposed, in and of itself, furthermore, represents treatment in excess of the "three to six treatments" deemed necessary to produce functional improvement in MTUS 9792.24.c.1. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Work Conditioning 2x4 Right Clavicle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medical Guidelines-Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work hardening and/or work conditioning is evidence that an applicant has had an adequate trial of physical and/or occupational therapy with improvement followed by a plateau and individuals who are not likely to benefit from continuing physical or occupational therapy. Here, however, the attending provider's handwritten progress note of May 13, 2014 did not clearly establish what treatment or treatments had transpired to date, nor did the attending provider explicitly state that the applicant had plateaued with earlier conventional physical or occupational therapy. It is further noted that the attending provider did not meet several other criteria set forth on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of work conditioning. Specifically, it did not appear that the applicant had a specific job to return to. It did not appear that the applicant had a clearly defined return to work goal. Since several criteria for pursuit of work conditioning were not seemingly met, the request is not medically necessary.