MAXIMUS Federal Services

Case Number:	CM15-0104159		
Date Assigned:	06/08/2015	Date of Injury:	01/27/2014
Decision Date:	08/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 27, 2014.In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for a topical Flurbiprofen cream, a heating device, and 12 sessions of acupuncture for the shoulder. The claims administrator referenced an RFA form received on April 27, 2015 in its determination, along with an associated progress note of April 20, 2015. The applicant's attorney subsequently appealed. On December 11, 2014, the applicant was given Neurontin for posttraumatic headaches. In a handwritten progress note dated November 10, 2014, the applicant reported ongoing complaints of shoulder pain and associated headaches. The applicant had received acupuncture, it was reported. The applicant was still using Neurontin as of this point in time. The applicant also had manipulative therapy, it was reported. In one section of the note, it was stated that the applicant had had nine sessions of manipulative therapy, nine sessions of physical therapy, and six sessions of acupuncture. The applicant was placed off of work, on total temporary disability, for six weeks, while MRI imaging of the shoulder was sought. In a February 29, 2015 progress note, a dual TENS-EMS neurostimulator was sought. On a handwritten February 6, 2015 progress note, the applicant was asked to employ Naprosyn and a Flurbiprofen- containing cream for a primary diagnosis of shoulder pain. Ancillary complaints of headaches were reported. The applicant was placed off of work, on total temporary disability. In a handwritten progress note dated March 9, 2015, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue Naprosyn for pain relief. Large

portions of the progress note were difficult to follow and not altogether legible. Shoulder pain, upper extremity paresthesias, and headaches were reported. The applicant went on to undergo a shoulder surgery on March 17, 2015, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x 6 wks - Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter - Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question represented a renewal or extension request for acupuncture as multiple progress notes on file suggested that the applicant had had previous acupuncture at various points over the course of the claim. A handwritten progress note of February 6, 2015 suggested that the applicant had had physical therapy, acupuncture, and injections through that point in time. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the applicant was off of work, on total temporary disability, it was acknowledged on handwritten progress notes of February 6, 2015 and March 9, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for an additional 12 sessions of acupuncture was not medically necessary.

Solar case FIR heating system - purchase: 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), Low back, Lumbar & Thoracic - Infrared Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Chronic Pain, pg. 9691. Recommendation: Self-application of Heat Therapy for CRPS or Other Chronic Pain Syndromes Self-application of low-tech heat therapy is recommended for treatment of CRPS or other chronic pain syndromes. Indications Applications may be periodic or continuous. Applications should be home-based as there is no evidence for efficacy of provider-based heat treatments. 2. Recommendation: Application of Heat Therapy by a Health Care Provider for Chronic Pain Application of heat (such as infrared, moist heat, whirlpool) by a health care provider is not recommended as the patient can perform this application independently. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for a Solacare FIR heating system purchase was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the shoulder. While the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 does recommend at-home local applications of heat as a method of symptom control for applicants with shoulder pain complaints, as were/are present here, by implication, however, the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 does not support high-tech devices for delivering heat therapy, as was proposed here. The Third Edition ACOEM Guidelines Chronic Pain Chapter takes a stronger position against high-tech devices for delivering heat therapy, noting that such devices are not recommended as applicants can perform such tasks independently. Here, the attending provider failed to furnish a clear or compelling rationale for provision of the high-tech Solarcare heating system in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.

Flurbiprofen cream, BID, PRN, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) and Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 112.

Decision rationale: Finally, the request for a Flurbiprofen cream was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the shoulder. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is little evidence to utilize topical NSAIDs for treatment of the shoulder, i.e., the primary pain generator here. The attending provider failed to furnish a clear or compelling rationale for provision of this agent in the face of the unfavorable MTUS position on the same for the body part in question, the shoulder. Therefore, the request was not medically necessary.