

Case Number:	CM15-0140662		
Date Assigned:	08/03/2015	Date of Injury:	01/17/2012
Decision Date:	08/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 01-17-2012. She has reported injury to the neck, right shoulder, bilateral wrists, and thoracic spine. The diagnoses have included cervical sprain-strain; cervical radiculopathy; thoracic sprain-strain; right shoulder sprain-strain; right shoulder impingement syndrome; right wrist sprain-strain; right carpal tunnel syndrome; left wrist sprain-strain; and left carpal tunnel syndrome. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Norflex, Voltaren, Gabapentin, Zolpidem, and Protonix. A progress report from the treating physician, dated 04-30-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain radiating to both upper extremities, rated at 5 out of 10 on the pain scale; upper-mid back pain and stiffness, rated at 4 out of 10 on the pain scale; constant right shoulder pain, aggravated by lifting, reaching, pushing, pulling repetitively and overhead reaching, which is rated at 8 out of 10 on the pain scale; sharp right wrist pain with numbness and weakness, rated at 7 out of 10 on the pain scale; and left wrist pain, stiffness, and weakness with numbness and tingling, which is rated at 5 out of 10 on the pain scale. Objective findings included decreased cervical spine ranges of motion; tenderness to palpation of the cervical paravertebral muscles and spinous processes; muscle spasm of the bilateral trapezii and cervical paravertebral muscles; shoulder depression is positive bilaterally; tenderness to palpation and muscle spasm of the thoracic paravertebral muscles; Kemp's causes pain; right shoulder ranges of motion are decreased and painful; tenderness to palpation of the acromioclavicular joint, anterior shoulder, and supraspinatus; muscle spasm of the anterior

shoulder; right and left wrist ranges of motion are decreased and painful; tenderness to palpation of the left and right dorsal wrist; muscle spasms of the forearms; and Phalen's is positive on the right and left. The treatment plan has included the request for acupuncture, six (6) visits (1x6); and follow up pain management consult and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; six (6) visits (1x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has undergone at least 18 sessions of acupuncture. Progress notes were not provided. The additional 6 sessions exceeds the amount needed to see a functional improvement. The additional sessions are not justified and not medically necessary.

Follow up pain management consult and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant is undergoing therapy, pain medication, and acupuncture. The claimant has seen the pain specialist in the past. Intervention required that could not be provided by the primary physician due to any complexity or specialty scope of practice is not justified. The request for a pain consultation/Follow-up is not medically necessary.

