

Case Number:	CM15-0141848		
Date Assigned:	07/31/2015	Date of Injury:	01/24/2014
Decision Date:	09/23/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 69 year-old female who sustained an industrial injury on 01/24/14. She reported left-sided pain status post fall. The injured worker's diagnoses include cervical and lumbar spine strain/sprain, wrist pain, sprain/strain of shoulder, and derangement - shoulder region. Diagnostic testing and treatment to date has included radiographic imaging, laboratory evaluation, physical therapy, and pain medication management. Currently, the injured worker complains of neck, back and upper/lower extremity pain. Physical examination is remarkable for tenderness to palpation of the cervical and lumbar spine; she has decreased range of motion of the left shoulder, and left hip. Requested treatments include acupuncture treatment (8) visits (2x4), physical therapy (8) sessions (2x4), follow up with doctor for pain management, orthopedic consultation with specific doctor for left shoulder, and orthopedic consultation for the left hip. The injured worker is under temporary total disability. Date of Utilization Review: 06/22/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment (8) visits (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Section 9792.24.1 Page(s): 8 of 127, 13 of 127.

Decision rationale: The patient presents on 05/14/15 with neck pain rated 7/10 which radiates into the bilateral shoulders, left shoulder pain rated 5-6/10, left hand pain rated 3/10, lower back pain rated 4/10, hip pain rated 6/10, knee pain rated 3/10, and ankle and foot pain rated 3/10. The patient's date of injury is 01/24/14. Patient has no documented surgical history directed at these complaints. The request is for Acupuncture Treatment (8) Visits (2x4). The RFA is dated 05/14/15. Physical examination dated 05/14/15 reveals tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature, midline pain at the nape of the neck, positive foraminal compression test bilaterally, and positive shoulder depression test bilaterally. Left shoulder examination reveals reduced range of motion in all planes, pain elicitation on motion, and positive impingement and Apley's scratch test on the left side. The provider also notes positive LeSegue's differential test bilaterally, positive Eli's test bilaterally, and positive FABRE test on the left. The patient's current medication regimen is not provided. Per 05/14/15 progress note, patient is advised to remain off work through 07/02/15. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for 8 sessions of acupuncture for this patient's chronic lower back pain, the requesting provider has exceeded guideline recommendations. There is no evidence that this patient has had any acupuncture to date. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on improvements; in this case the treater requests 8 initial sessions without first establishing efficacy. Were the request for 3-6 treatments, the recommendation would be for approval. However, this excessive number of sessions without documented efficacy or functional improvement cannot be substantiated. Therefore, the request is not medically necessary.

Physical therapy (8) sessions (2x4): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient presents on 05/14/15 with neck pain rated 7/10 which radiates into the bilateral shoulders, left shoulder pain rated 5-6/10, left hand pain rated 3/10, lower back pain rated 4/10, hip pain rated 6/10, knee pain rated 3/10, and ankle and foot pain rated 3/10. The patient's date of injury is 01/24/14. Patient has no documented surgical history directed at these complaints. The request is for Physical Therapy (8) Sessions (2x4). The RFA is dated

04/21/15. Physical examination dated 05/14/15 reveals tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature, midline pain at the nape of the neck, positive foraminal compression test bilaterally, and positive shoulder depression test bilaterally. Left shoulder examination reveals reduced range of motion in all planes, pain elicitation on motion, and positive impingement and Apley's scratch test on the left side. The provider also notes positive LeSegue's differential test bilaterally, positive Eli's test bilaterally, and positive FABRE test on the left. The patient's current medication regimen is not provided. Per 05/14/15 progress note, patient is advised to remain off work through 07/02/15. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state under Physical Medicine states that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In regard to the 8 sessions of physical therapy directed at this patient's lower back pain, the request is appropriate. There is no evidence in the documentation provided that this patient has received any recent physical therapy directed at her lower back. Given the lack of evidence indicating recent physical therapy directed at this patient's lower back pain, an eight session series of physical therapy falls within guideline recommendations and is an appropriate intervention. Therefore, the request is medically necessary.

Follow up with doctor for pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The patient presents on 05/14/15 with neck pain rated 7/10 which radiates into the bilateral shoulders, left shoulder pain rated 5-6/10, left hand pain rated 3/10, lower back pain rated 4/10, hip pain rated 6/10, knee pain rated 3/10, and ankle and foot pain rated 3/10. The patient's date of injury is 01/24/14. Patient has no documented surgical history directed at these complaints. The request is for Follow Up With Doctor For Pain Management. The RFA is dated 05/14/15. Physical examination dated 05/14/15 reveals tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature, midline pain at the nape of the neck, positive foraminal compression test bilaterally, and positive shoulder depression test bilaterally. Left shoulder examination reveals reduced range of motion in all planes, pain elicitation on motion, and positive impingement and Apley's scratch test on the left side. The provider also notes positive LeSegue's differential test bilaterally, positive Eli's test bilaterally, and positive FABRE test on the left. The patient's current medication regimen is not provided. Per 05/14/15 progress note, patient is advised to remain off work through 07/02/15. Regarding follow-up visits, MTUS guidelines page 8 under Pain Outcomes and Endpoints has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the

physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treating physician is requesting a follow-up visit to monitor this patient's continuing pain. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are an appropriate measure and the provider is justified in seeking re-assessments to monitor this patient's condition. Therefore, the request is medically necessary.

Orthopedic consultation with specific doctor for left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

Decision rationale: The patient presents on 05/14/15 with neck pain rated 7/10 which radiates into the bilateral shoulders, left shoulder pain rated 5-6/10, left hand pain rated 3/10, lower back pain rated 4/10, hip pain rated 6/10, knee pain rated 3/10, and ankle and foot pain rated 3/10. The patient's date of injury is 01/24/14. Patient has no documented surgical history directed at these complaints. The request is for Orthopedic Consultation With Specific Doctor For Left Shoulder. The RFA is dated 05/14/15. Physical examination dated 05/14/15 reveals tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature, midline pain at the nape of the neck, positive foraminal compression test bilaterally, and positive shoulder depression test bilaterally. Left shoulder examination reveals reduced range of motion in all planes, pain elicitation on motion, and positive impingement and Apley's scratch test on the left side. The provider also notes positive LeSegue's differential test bilaterally, positive Eli's test bilaterally, and positive FABRE test on the left. The patient's current medication regimen is not provided. Per 05/14/15 progress note, patient is advised to remain off work through 07/02/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In regard to the consultation with an orthopedic specialist for the left shoulder, the request is appropriate. This patient presents with significant left shoulder pain, which has been largely unresponsive to conservative treatments. Physical examination also indicates pathology of the left shoulder and resulting loss of function in the left upper extremity. ACOEM guidelines support that the treator is justified in seeking a specialist opinion on the matter, such a consultation is reasonable and could improve this patient's course of care. Therefore, the request is medically necessary.

Orthopedic consultation for the left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

Decision rationale: The patient presents on 05/14/15 with neck pain rated 7/10 which radiates into the bilateral shoulders, left shoulder pain rated 5-6/10, left hand pain rated 3/10, lower back pain rated 4/10, hip pain rated 6/10, knee pain rated 3/10, and ankle and foot pain rated 3/10. The patient's date of injury is 01/24/14. Patient has no documented surgical history directed at these complaints. The request is for Orthopedic Consultation For The Left Hip. The RFA is dated 05/14/15. Physical examination dated 05/14/15 reveals tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature, midline pain at the nape of the neck, positive foraminal compression test bilaterally, and positive shoulder depression test bilaterally. Left shoulder examination reveals reduced range of motion in all planes, pain elicitation on motion, and positive impingement and Apley's scratch test on the left side. The provider also notes positive LeSegue's differential test bilaterally, positive Eli's test bilaterally, and positive FABRE test on the left. The patient's current medication regimen is not provided. Per 05/14/15 progress note, patient is advised to remain off work through 07/02/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In regard to the consultation with an orthopedic specialist for the left hip, the request is appropriate. This patient presents with significant left hip pain, which has been largely unresponsive to conservative treatments. Physical examination also indicates pathology of the hip joint and resulting loss of function in the left lower extremity. ACOEM guidelines support that the treater is justified in seeking a specialist opinion on the matter, such a consultation is reasonable and could improve this patient's course of care. Therefore, the request is medically necessary.