

Case Number:	CM15-0142398		
Date Assigned:	08/03/2015	Date of Injury:	04/16/2015
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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, North Carolina
 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 35 year old female who sustained an industrial fall injury on 04-16-2015. The injured worker was diagnosed with cervical sprain and strain with myospasm and bilateral shoulder strain and sprain. Treatment to date has included diagnostic testing, conservative measures, acupuncture therapy to the lumbar spine, chiropractic therapy, physical therapy and medications. According to the primary treating physician's progress report on July 9, 2015, the injured worker continues to experience neck and bilateral shoulder pain rated 7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation in the cervical musculature with range of motion documented at 40 degrees flexion, extension at 50 degrees, and right lateral flexion at 37 degrees, left lateral flexion at 35 degrees, right rotation at 66 degrees and left rotation at 63 degrees. Bilateral shoulder depression and Soto-Hall increased cervical pain. Examination of the shoulder noted tenderness to palpation over the anterior aspect bilaterally with range of motion noted at right shoulder flexion at 110 degrees, extension at 22 degrees, abduction at 110 degrees, adduction at 20 degrees, external and internal rotation at 65 degrees each, and left shoulder flexion at 117 degrees, extension at 26 degrees, abduction at 124 degrees, adduction at 23 degrees, external rotation at 70 degrees and internal rotation at 72 degrees with mid-carpel instability maneuver increasing bilateral wrist pain. Current medications were not documented. Treatment plan consists of continuing physical therapy and chiropractic therapy for the cervical spine and bilateral shoulders and the current request for acupuncture therapy for the cervical spine and bilateral shoulder and pain management monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 3 weeks for the cervical spine and bilateral shoulders:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Guidelines generally recommends 3-6 acupuncture treatments in patients in whom this procedure is indicated. Treatments may be extended if functional improvement is documented. In this case, the patient has completed 12 sessions of acupuncture and has had an additional 6 sessions authorized on 6/15/2015. It is not clear if all sessions have been completed. In addition, there is no documentation of functional improvement with acupuncture, and no change in work status or increased ability to perform ADLs. The patient has also been referred to physical therapy, so the outcome of this therapy is necessary before considering additional acupuncture treatments. Therefore the request is not medically necessary or appropriate at this time.

Pain management evaluation once per month for the cervical spine and bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

Decision rationale: ACOEM Guidelines state that specialty consultations are warranted in cases where specialized expertise is necessary. This patient had a pain management consultation authorized on 6/30/2015. There is no evidence in the submitted records that this evaluation has been completed and what the recommendations for follow-up, if any, are needed. Thus the medical necessity of a monthly pain management visit has not been established and is not medically necessary at this time.