

Case Number:	CM15-0200639		
Date Assigned:	10/16/2015	Date of Injury:	07/13/2012
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 47 year old female, who sustained an industrial injury, July 13, 2012. The injured worker was undergoing treatment for arthropathy of the shoulder, causalgia of the upper limb, pain in the joint of the shoulder, reflex sympathetic dystrophy of the upper limb and right shoulder surgery. According to progress note of June 9, 2015, the injured worker's chief complaint was right shoulder pain. The pain was rated at 7-8 out of 10. The pain was aggravated by movement and touch, relief with rest and physical therapy. There was no radiation of pain, any associated weakness or sensational changes. The pain had overall limits in activities of daily functions and decreased quality of life. The physical exam of the right shoulder noted no atrophy or erythema. There was decreased passive and active range of motion. The injured worker was experiencing pain and the pain was limiting functions and activities of daily living. The injured worker previously received the following treatments failed Neurontin, Lyrica, Amitriptyline, Nortriptyline, Cymbalta, the injured worker was currently taking Soma, Tramadol, Norco, physical therapy 6 sessions, manipulation and acupuncture. The RFA (request for authorization) dated September 8, 2015; the following treatments were requested pain management evaluation and treatment, physical therapy 12 sessions and acupuncture 12 sessions. The UR (utilization review board) denied certification on September 18, 2015; for the pain management evaluation and treatment, physical therapy 12 sessions and acupuncture 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office/outpatient visit, Pain management evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support a referral to a pain specialist. The IW has ongoing pain in the right shoulder and does not have a clear diagnosis at this time. In particular, the concern for CRPS should prompt a formal pain management evaluation to either rule in or rule out this diagnosis. Therefore at this time the requirements for treatment have been met, and medical necessity has been established. Therefore, the requested treatment is medically necessary.

Acupuncture twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. According to the documents available for review, there is no rationale provided as to why acupuncture would be helpful in alleviating the IW's current pain complaints. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established. Therefore, the requested treatment is not medically necessary.

Post Operative physical therapy twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured

worker) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Injured worker-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of injured workers with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the documents available for review, the requested number of treatments is in contrast to the guidelines as set forth in the MTUS. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the requested treatment is not medically necessary.