

Case Number:	CM15-0205302		
Date Assigned:	10/26/2015	Date of Injury:	04/05/2014
Decision Date:	12/29/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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, Michigan

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 injured worker is a 52 year old female who sustained an industrial injury on 4-5-14. The injured worker reported right shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for rotator cuff tear right shoulder, cervical and lumbar strain. Medical records dated 9-11-15 indicate pain rated at 2 to 4 out of 10. Provider documentation dated 9-11-15 noted the work status as "remain off work until 11-11-15". Treatment has included physical therapy, status post right shoulder rotator cuff repair (7-29-15), right shoulder and lumbar magnetic resonance imaging, Tramadol since at least June of 2015, and Cyclobenzaprine since at least June of 2015. Objective findings dated 9-11-15 were notable for tenderness to palpation to cervical, thoracic and lumbar spine with decreased range of motion. The original utilization review (10-1-15) denied a request for Pain management once per month, Acupuncture 2 times per week for 4 weeks, cervical spine, lumbar spine, thoracic spine & right shoulder; Follow up visit and orthopedic treatment at once per month and Physical therapy, 2 times a week for 4 weeks, right shoulder, thoracic spine, lumbar spine & cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management once per month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115. Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately a review of the injured workers medical records did not reveal a clear rationale for this referral, this request is for an undefined number of visits, therefore the request is not medically necessary.

Acupuncture 2 times per week for 4 weeks, cervical spine, lumbar spine, thoracic spine & right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Unfortunately this request is for multiple parts of the anatomy which all have different guideline recommendations, it is therefore not possible to evaluate this request as one, therefore the request for Acupuncture 2 times per week for 4 weeks, cervical spine, lumbar spine, thoracic spine & right shoulder is not medically necessary.

Follow up visit and orthopedic treatment at once per month: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately a review of the injured workers medical records did not reveal a clear rationale for this referral, this request is confusing, therefore the request is not medically necessary.

Physical therapy, 2 times a week for 4 weeks, right shoulder, thoracic spine, lumbar spine & cervical spine: Upheld

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

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that the injured worker has already had physical therapy, however there is no documentation of pain or functional improvement with its use, without this information medical necessity for additional sessions is not established, therefore the request for Physical therapy, 2 times a week for 4 weeks, right shoulder, thoracic spine, lumbar spine & cervical spine is not medically necessary.