

Case Number:	CM15-0028858		
Date Assigned:	02/20/2015	Date of Injury:	09/15/2010
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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 30 year old female with an industrial injury dated 09/15/2010. The mechanism of injury is documented as occurring when she lifted a trash bag weighing approximately 40 pounds. She felt pain, a pull and a pop in her right wrist as well as pain in her right shoulder. She presented on 12/05/2014 with complaints of sharp right shoulder pain radiating down the arm to the fingers rated as 7-8/10. She was status post carpal tunnel release surgery of the right wrist. She rates wrist pain as 6-8/10. Right shoulder was tender to palpation at the supraspinatus insertion site and at the levator scapula. Range of motion was limited. There was decreased range of motion of the right wrist with a positive Tinel's and Phalen's sign. Prior treatment includes surgery, acupuncture and medications. Diagnoses were right shoulder joint derangement and status post right carpal tunnel release with residual pain. On 01/29/2015 the request for 12 infrared, manual acupuncture, 15 minutes, elect acupuncture 15 minutes and capsaicin patch two times per week for 6 weeks for the right shoulder completed on 10/28/2014, 11/04/2014, 11/13/2014, 11/18/2014, 11/21/2014 was non-certified by utilization review. MTUS/ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Infrared, manual acupuncture, 15 minutes, elect Acupuncture 15mins: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Fee Schedule Manual, sections 978910-9789.111. Official Disability Guidelines; Acupuncture Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 6 prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. The previous provider also had discontinued acupuncture noting lack of relief. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 12 Infrared, manual acupuncture, 15 minutes, elect Acupuncture 15 mins is not medically necessary and appropriate.

Capsaicin patch two times per week for 6 weeks for the right shoulder completed on 10/28/14,11/04/14,11/07/14,11/13/14,11/18/14,11/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, page 28-29.

Decision rationale: Guidelines support topical Capsaicin formulation in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but is considered experimental in higher formulated doses; however, criteria is not met in this case diagnoses of such. Additionally, per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Capsaicin patch two times per week for 6 weeks for the right shoulder completed on 10/28/14, 11/04/14,11/07/14,11/13/14,11/18/14,11/21/14 is not medically necessary and appropriate.