

Case Number:	CM15-0029329		
Date Assigned:	02/23/2015	Date of Injury:	11/15/2012
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/18/2015

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 29 year old male, who sustained an industrial injury on 11/15/12. He has reported right shoulder injury after throwing concrete and feeling a pop in his shoulder. The diagnoses have included right shoulder pain and right shoulder impingement. Treatment to date has included medication, injections, conservative measures, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) and right shoulder surgery 5/17/13. Currently, the injured worker complains of right shoulder pain especially with chores and working full duty. Physical exam revealed positive impingement test right shoulder, positive scar right shoulder, decreased strength right shoulder and decreased range of motion. The current medications were naprosyn, prilosec, flexeril, neurontin, and methoderm gel. There were no documented sessions of acupuncture and no urine drug screen noted. Work status was full time with no restrictions/modifications. On 1/21/15 Utilization Review non-certified a request for Acupuncture 2 times a week for 4 weeks for the right shoulder and Urine Drug Screen test, noting the (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines, Chronic Pain and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with "some lingering pain in the right shoulder especially with overhead activity." The current request is for acupuncture 2 times a week for 4 weeks for the right shoulder. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. This is an initial request for acupuncture. The treating physician recommends acupuncture "to help with pain management." Given the patient right shoulder pain, a trial of up to 6 visits is in accordance with MTUS; however, the request is for an initial trial of 8 visits. This request exceeds what is recommended by MTUS. This request IS NOT medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: This patient presents with "some lingering pain in the right shoulder especially with overhead activity." The current request is for urine drug screen. Request for Authorization is dated 12/3/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient has been taking Naprosyn, Omeprazole, Flexeril and Neurontin. MTUS recommends annual testing in low-risk patients that are on an opiate regimen. This patient is not taking any opioids. Hence, this request IS NOT medically necessary.