

Case Number:	CM15-0217638		
Date Assigned:	11/09/2015	Date of Injury:	10/11/2012
Decision Date:	12/21/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/05/2015

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 63 year old male with a date of injury on 10-11-2012. The injured worker is undergoing treatment for pain in shoulder, right shoulder acromioclavicular joint arthrosis, sprain of unspecified rotator cuff, impingement syndrome of unspecified shoulder, status post right shoulder debridement, SAD, DCR, on 06-04-2015. A physician note dated 07-08-2015 documents the injured worker has right shoulder improvement. He is able to do Codman's with the right shoulder. His left shoulder reveals flexion 175 degrees, abduction 160 degrees, external rotation 30 degrees, and internal rotation 80 degrees. Speed's is positive. Impingement is positive bilaterally. He has pain and weakness on resisted external rotation with arms at the side. Sensory and motor exam is intact. Menthoderm ointment is ordered, he has a history of gastroesophageal reflux disease with NSAID's. A physician progress note dated 10-14-2015 documents the injured worker has right shoulder improvement. On examination right shoulder has healed scars, no erythema or drainage. Flexion is 170 degrees; abduction is 170 degrees, IR 65 and ER 75 degrees. Left shoulder flexion is 175 degrees, abduction is 160 degrees, ER 30 degrees, and IR is 80 degrees. There is a positive Speed's. There is positive impingement bilaterally. There is a negative drop arm and negative apprehension. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, and home exercises. On 11-02-2015 Utilization Review non-certified the request for Acupuncture 2x6 and Menthoderm Ointment Follow-Up 4-6 Weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific neurological impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient had previous physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2012 injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for 12 acupuncture visits, beyond guidelines criteria for initial trial for treatment of flare-up not identified here. The Acupuncture 2x6 is not medically necessary or appropriate.

Menthoderm Ointment Follow-Up 4-6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: 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 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 2012 injury without documented functional improvement from treatment already rendered. The Menthoderm Ointment Follow-Up 4-6 Weeks is not medically necessary or appropriate.