MAXIMUS Federal Services

Case Number:	CM15-0036013		
Date Assigned:	03/04/2015	Date of Injury:	08/19/2011
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
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 42 year old female, who sustained an industrial injury on 8/19/11. She has reported right shoulder injury. The diagnoses have included shoulder impingement, rotator cuff tendinitis right shoulder, adhesive capsulitis right shoulder and acromioclavicular joint disease. Treatment to date has included manipulation of right shoulder, physical therapy, home exercise program, medications and acupuncture. Currently, the injured worker complains of continued right shoulder pain, she feels was aggravated by physical therapy. Physical exam noted limited range of motion with flexion and abduction and pain and tenderness of elbow on palpation. On 2/13/15 Utilization Review non-certified acupuncture, noting the lack of documentation of functional objective improvement in terms of activities of daily living following previous acupuncture and massage, noting the deficits to be addressed, measurable goals and a reasonable timetable to reach these goals are not provided. The MTUS, ACOEM Guidelines, was cited. On 2/24/15, the injured worker submitted an application for IMR for review of acupuncture and massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (Unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The available records indicate the patient has ongoing right shoulder pain and wrist pain. The current request is for acupuncture (unspecified). Records indicate that the patient was approved for 6 acupuncture sessions on 8/15/14. The Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of shoulder complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." The attending physician in this case has requested treatment to continue beyond the initial 6 sessions that were performed. AMTG states that treatments may be extended if functional improvement is documented. In this case the treating physician fails to provide documentation of decreased pain, or increased function from previous acupuncture. As such recommendation is for denial.

Massage (Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The available records indicate the patient has ongoing right shoulder pain and wrist pain. The current request is for Massage Therapy (unspecified). The MTUS guidelines state that massage therapy is recommended as an option as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, frequency and duration of care have not been noted with this request. MTUS guidelines require measureable goals, and a reasonable time table to reach such goals, and none has been provided. As such, recommendation is for denial.

Right wrist brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The available records indicate the patient has ongoing right shoulder pain and wrist pain. The current request is for a wrist brace. ACOEM states day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. In this case, the patient is status-post carpal tunnel syndrome with ongoing pain which has been aggravated with PT. The ACOEM guidelines do support splints to help reduce pain. Recommendation is for authorization.