

Case Number:	CM15-0043583		
Date Assigned:	03/13/2015	Date of Injury:	11/04/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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 37-year-old male, who sustained an industrial injury on 11/4/2014. He has reported a 300-600 pound truss fell on the left shoulder, left arm, and head. The diagnoses have included cervical disc herniation without myelopathy, partial rotator cuff tear, and left radio-humeral sprain. Treatment to date has included medication therapy, left arm sling, physical therapy and a joint injection to left shoulder. Currently, the IW complains of constant left shoulder and elbow pain and intermittent moderate cervical pain. The physical examination from 2/19/15 documented spasm and tenderness from C2-C7 and left upper shoulder. Axial compression test was positive, as was distraction test and shoulder depression test. The left shoulder revealed muscle spasms and tenderness with positive Codman's, Speed's, and supraspinatus tests. The elbow demonstrated muscle spasms and tenderness with positive Cozen's and reverse Cozen's tests. The plan of care included six sessions of acupuncture and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy; Acupuncture 3 times a week for 2 weeks for cervical spine, left shoulder and elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 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 constant left shoulder and left elbow pain, and intermittent moderate cervical pain. The request is for acupuncture therapy 3 times a week for 2 weeks for cervical spine, left shoulder, and left elbow on 02/19/15. The patient is temporarily totally disabled until 04/19/15 per 02/19/15 report. Review of reports shows that the patient has completed 14 physical therapy sessions but there is no indication that the patient has received prior acupuncture treatments. Per 02/19/15 report, the treater noted that the goals of this request are to increase the patient's "activities of daily living, decrease the work restrictions, decrease the need for medication, decrease the visual analog scale rating, decrease swelling, and increase measured active range of motion." MTUS for acupuncture page 13 of 127, recommends an initial trial of 6 sessions of acupuncture and additional treatments with functional improvement. Given that the patient has not tried acupuncture in the past, the request IS medically necessary.

Consultation follow up- visit (to include range of motion measurements and addressing of ADL's): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, office visitation.

Decision rationale: This patient presents with constant left shoulder and left elbow pain, and intermittent moderate cervical pain. The request is for Consultation follow up visit (to include range of motion measurements and addressing of ADL's). The patient is temporarily totally disabled until 04/19/15 per 02/19/15 report. ACOEM chapter 12 discusses follow up visits and states that "patients with potentially work-related neck or upper back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." ACOEM applies to acute situation and for chronic condition, ODG guidelines may be more appropriate. ODG guidelines Pain Chapter, under "office visitation" section states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." For number of automatic approval, under "codes for automated approval," six (6) follow-up office visitations are allowed. In this case, office follow up visits are supported for chronic pain management. The patient has chronic pain and after the trial acupuncture sessions, the functional evaluation should be placed. The request of follow-up visit IS medically necessary.