

Case Number:	CM15-0044824		
Date Assigned:	03/16/2015	Date of Injury:	06/17/2013
Decision Date:	04/22/2015	UR Denial Date:	02/16/2015
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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 39-year-old female who sustained a work related injury June 17, 2013. She developed pain in her right shoulder and right wrist, due to work that was gradually getting worse. She was diagnosed with right wrist and right shoulder tenosynovitis. Initial treatment included Naproxen, right wrist Velcro brace and cold packs, and physical therapy and home exercises. According to a primary treating physician's report dated February 2, 2015, the injured worker presented with continued right shoulder pain when lifting. Diagnoses included lumbar spine musculoligamentous injury without discopathy resolved; right shoulder impingement syndrome, right shoulder acromioclavicular separation strain, right shoulder trapezial myofascitis; right wrist flexor tenosynovitis and overuse syndrome; sleep disturbance disorder and right wrist carpal tunnel syndrome. Of note, the handwritten progress report is not completely legible. Treatment plan included a cortisone injection right shoulder trapezius, and dressed, recommended ice to right shoulder, home exercises, and requested acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Initial acupuncture (frequency unspecified) for the right shoulder as an outpatient:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, six initial acupuncture sessions (frequency unspecified) to the right shoulder is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are lumbar spine musculoligamentous injury without discopathy; right shoulder impingement syndrome; right shoulder acromioclavicular separation; separation/sprain right shoulder trapezium myofasciitis; right wrist flexor tenosynovitis; and right wrist carpal tunnel syndrome. An agreed-upon medical examination (AME) dated August 8, 2014 shows the injured worker received physical therapy, chiropractic therapy and a request for six acupuncture sessions to the right shoulder was submitted March 11, 2014. In the subsequent progress, notes dated April 2014 the treating provider recommended acupuncture. There were no progress notes with evidence of objective functional improvement. In a hand written progress note (partly illegible), the acupuncture box was checked off. There was no frequency and duration handwritten next to the checkbox. The guidelines recommend an initial trial of 3-4 acupuncture sessions. With evidence of objective functional improvement, a total of 8 to 12 visits may be indicated. Evidence is inconclusive for repeating this procedure beyond an initial short. The documentation indicates acupuncture was recommended March 11, 2014. As noted above, there was no documentation to support objective functional improvement associated with prior acupuncture. Additionally, the request dated February 2, 2015 does not provide a frequency and duration for the newly requested acupuncture. Consequently, absent compelling clinical documentation with objective functional improvement of prior acupuncture treatment or progress notes relating to the prior acupuncture treatment, six initial acupuncture sessions (frequency unspecified) to the right shoulder is not medically necessary.

1 consultation as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, outpatient consultation is not medically necessary. An occupational health practitioner may refer to other

specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates; for certain, antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar spine musculoligamentous injury without discopathy; right shoulder impingement syndrome; right shoulder acromioclavicular separation; separation/sprain right shoulder trapezium myofasciitis; right wrist flexor tenosynovitis; and right wrist carpal tunnel syndrome. An agreed-upon medical examination (AME) dated August 8, 2014 shows the injured worker received physical therapy, chiropractic therapy and a request for six acupuncture sessions to the right shoulder was submitted March 11, 2014. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The documentation in the medical record contains requests for magnetic resonance imaging scans of the left wrist, left shoulder, left elbow and left knee. There are no MRI results in the medical record. Additionally, the requesting physician did not specify the specialty of the required consultation nor was there a clinical rationale or documentation of the request for a consultation. Consequently, absent clinical documentation prior MRI results, the specialty consultation and a clinical rationale with documentation of the request for consultation, the consultation outpatient is not medically necessary.