

Case Number:	CM15-0054293		
Date Assigned:	03/27/2015	Date of Injury:	11/08/2012
Decision Date:	05/15/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/23/2015

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 40 year old female, who sustained an industrial injury on 11/8/2012. She reported injury from a pit bull attack, bite and a fall. The injured worker was diagnosed as having cervical sprain, right hand sprain, fracture right middle finger and bilateral shoulder derangement. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, physical therapy and medication management. In a progress note dated 2/12/2015, the injured worker complains of right shoulder tenderness. The treating physician is requesting acupuncture with electrical stimulation, orthopedic consult and right shoulder and cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with E-Stim 1 time 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. In this case, the injured worker reported ongoing neck and right shoulder pain. However, there is no documentation of a recent or concurrent physical therapy program. There is no indication that this injured worker is actively participating in a home exercise program. The medical necessity for acupuncture treatment has not been established in this case. The request as submitted also failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate at this time.

Orthopedic Consultation (R) shoulder arthroscopy per AME request: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Consultations (ACOEM Practice Guidelines, 2nd Edition, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there was no documentation of a significant functional deficit with regard to the right shoulder. There was no mention of an exhaustion of conservative treatment for the right shoulder. There were no official imaging studies provided. Given the above, the medical necessity for an orthopedic consultation has not been established. As such, the request is not medically appropriate.

Range of Motion right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9-6,10-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The specific type of range of motion exercise or study was not listed in the request. There is also no documentation of a significant functional deficit upon examination. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

Range of Motion Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 10-6 11-7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The specific type of range of motion exercise or study was not listed in the request. There is also no documentation of a significant functional deficit upon examination. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.