

Case Number:	CM15-0059485		
Date Assigned:	04/06/2015	Date of Injury:	07/02/2012
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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: Family Practice

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 59 year old female who sustained an industrial injury on July 2, 2012. She has reported injury to the right hand, forearm, wrist, elbow, shoulder, and neck and has been diagnosed with cervical myalgia, cervical radiculitis/neuritis, pain in the shoulder, right, rotator cuff syndrome, right, derangement of the forearm, pain in the right hand, radial tunnel syndrome, bilateral, sprain/strain of the hands, bilateral, lumbago, pain in the back, pain in the leg, left, contusion of the ankle, left, contusion of the foot, left, and crush injury, left foot. Treatment has included chiropractic care, physical therapy, acupuncture, medical imaging, and medications. Recent progress report noted the injured worker reported neck pain, right shoulder pain, right elbow pain, right forearm pain, right wrist, right hand pain, left arm, left shin, pain in the left foot, and third toe pain. The treatment request included acupuncture, physical therapy, and an ortho-surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks with an office visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based there decision on MTUS Citation Acupuncture; Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section.

Decision rationale: This patient was injured while working as a flight attendant on 07/02/2012. The patient has chronic pain in the neck, low back, R elbow, wrist, and shoulder. The patient has received multiple acupuncture treatments that begin in July 2012. The records do not document either a return to function with these treatments nor a quantitative assessment showing any sustained benefit in lower the degree of pain. The request for acupuncture does not make clear what body parts are to be treated and for which diagnosis. The request for acupuncture is not medically necessary based on the documentation.

Ortho surgical consultation for right shoulder surgery-consultation for C/CS, L/S and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127.

Decision rationale: This patient was injured while working as a flight attendant on 07/02/2012. The patient has chronic pain in the neck, low back, R elbow, wrist, and shoulder. Referral to a surgical specialist may be medically indicated to continue the process of diagnosis, to further the efforts to refine the diagnosis, or to develop a surgical strategy for the patient. This requires that the referring physician states the working diagnosis and summarizes the clinical response to treatment activities that have been tried and failed. In reviewing the documentation, the referring physician does not make clear what the tasks are for the orthopedic surgeon to consult about. The basis for a surgical opinion for the chronic shoulder pain is not clear. The basis for an orthopedic opinion for neck, low back, and right wrist is not clear, either. Based on the documentation, an orthopedic consultation is not medically necessary.