

Case Number:	CM15-0087098		
Date Assigned:	05/11/2015	Date of Injury:	03/13/2013
Decision Date:	06/12/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 48 year old female, who sustained an industrial injury on 3/13/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder arthroscopy and cervical spine degenerative disc disease with cervical radiculopathy, cervico-brachial syndrome and bicipital tenosynovitis. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), physical therapy, acupuncture and medication management. In a progress note dated 3/5/2015, the injured worker complains of shoulder pain, headaches, hand swelling, difficulty sleeping and locking and tingling of the joints and rated the pain as 6/10. The treating physician is requesting 6 acupuncture sessions and a psychological evaluation for functional rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation for Functional Rehabilitation Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Programs (Functional Restoration Programs); ACOEM Chapter 6: Pain, suffering and functional restoration, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 49, Functional Restoration Program. HELP Program.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program evaluation to define objective goals. MTUS guidelines state the following: Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The goals of the program are to help the individual re-assume primary responsibility for their well-being. According to the clinical documentation provided and current MTUS guidelines; the chronic pain functional rehab consultation/functional restoration program evaluation is medically necessary.

Acupuncture 1x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS guidelines state the following: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no documentation that states the patient has not tolerated their medications. The patient does not appear to be on a Home Exercise Program. According to the clinical documentation provided and current MTUS guidelines; Acupuncture, as requested above, is not medically necessary to the patient at this time.