

Case Number:	CM14-0125409		
Date Assigned:	08/11/2014	Date of Injury:	07/09/2009
Decision Date:	10/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34 year old male with an injury date of 07/09/09. The 05/14/14 report by [REDACTED] states that the patient presents with pain in the bilateral shoulders and bilateral knees. Examination of the bilateral knees reveals posterior joint line tenderness of the left knee and posterolateral joint line tenderness in the right knee. Examination of the bilateral shoulders reveals positive Neer and Hawkins tests and tenderness to palpation at the posterolateral aspect of the acromion bilaterally. The patient's diagnoses include: 1. Bilateral shoulder sub acromial impingement 2. Bilateral knee pain, Additional diagnoses from the handwritten 05/23/14 report include: 1. C/S fasciitis, 2. L/S pain, 3. L/S MLDP/fasciitis, 4. SH impingement/labral tear, 5. Elbow pain, 6. Wrist pain. The utilization review being challenged is dated 07/08/14. The rationale is that previous acupuncture visits have not documented functional improvement. Reports were provided from 02/07/14 to 05/14/14. The progress reports provided were handwritten and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared, Acupuncture with Electrical Stimulation x 15 Minutes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California Code of Regulations, Title 8, under the Special Topics section. Section 9792.24.1

Decision rationale: The patient presents with pain in the bilateral shoulders and bilateral knees. The treater requests for Infrared acupuncture with electrical stimulation x15 minutes. Progress reports mention on multiple occasions as early as 02/14/14 that the patient's treatments included acupuncture 2 x 4 and that the patient showed functional improvement. Details of improvement are not provided. The 07/18/14 utilization review cites a 07/30/13 AME report that indicates small improvement with acupuncture treatments to the lower back but not in the wrists. Although this AME report was not included in the file, it would appear that the patient has had acupuncture in 2013 with some improvements. Regarding acupuncture, MTUS recommends initial trial of 6 sessions and with functional improvement, 1-3 sessions over 1-2 months. Functional improvement is defined in the labor code 9792.20(e) as significant improvement in ADL's, or change in work status AND decreased dependence on medical treatments. In this case, despite reports of numerous acupuncture treatments, functional improvement is not well described. Without functional improvement, subjective and short-term improvement of symptoms following acupuncture is an inadequate reason to continue treatments. Recommendation is for denial.

Capsaicin Patch 2-3x4 to Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines- Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28, 29..

Decision rationale: The patient presents with pain in the bilateral shoulders and bilateral knees. The treater requests for Capsaicin patch 2-3x4 to elbow. The MTUS page 29 guidelines state that Capsaicin topical is recommended only as an option in patient's who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. The MTUS states that 0.025% is effective with higher dose formulation providing no further efficacy. Patch formulation is not discussed. In this case, the request does not state what concentration the patches are. There is no discussion as to how this patch has been helpful in terms of pain reduction and functional improvement. The MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.