MAXIMUS Federal Services

Case Number:	CM14-0151844		
Date Assigned:	09/19/2014	Date of Injury:	06/02/2011
Decision Date:	10/29/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 injured worker is a 57-year-old male with a reported date of injury on 06/02/2011. The mechanism of injury was not noted in the records. The injured worker's diagnoses included right shoulder pain. The injured worker's past treatments include pain medication and acupuncture therapy. There was no relevant diagnostic imaging studies submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 08/13/2014 included right shoulder pain. The physical exam findings noted tenderness to palpation to the right shoulder along with decreased range of motion. The medications were not listed in the notes. The treatment plan was to continue acupuncture therapy. A request was received for acupuncture therapy x8 visits continued; psychological PS consultation. The rationale for the request was not provided. The Request for Authorization form was not submitted in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 visits continued; Psychological P&S consultation: 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), Mental Illness & Stress, Office Visits.

Decision rationale: The request for acupuncture x 8 visits continued; psychological P&S consultation is not medically necessary. The California Acupuncture Medical Treatment Guidelines state that 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. The guidelines also state that a frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months is recommended. Acupuncture treatments may be extended if functional improvement is documented. The injured worker has chronic right shoulder pain. The notes indicate that the injured worker has had at least 27 acupuncture visits to date. There was a lack of objective functional measurable progress within the acupuncture notes submitted. In the absence of functional improvement, the request is not supported by the evidence based guidelines. In regards to psychological P and S consultation, the Official Disability Guidelines state that the need for an office visit with a healthcare provider is individualized and based upon a review of patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker has chronic right shoulder pain. There was no rationale in the notes as to why a psychological consult is needed or a supporting diagnosis to justify a specialist consultation. In the absence of such evidence, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.