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| Case Number: | CM14-0203806 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 10/19/2012 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of October 19, 2012. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for six sessions of additional acupuncture. An interferential stimulator was also denied. The now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines were cited in the denial. The claims administrator did not provide much in the way of a clinical summary but did state that its decision was based on an RFA form received on November 4, 2014. The applicant's attorney subsequently appealed. On an RFA form of October 26, 2014, an interferential home unit, Naprosyn, and acupuncture were endorsed. Flector patches were also prescribed. The note was very difficult to follow, handwritten, not entirely legible. The applicant did appear to be working with a 5-pound lifting limitation in place. The attending provider posited that the acupuncture was facilitating the applicant's ability to work and facilitating the applicant's ability to perform home exercises, although it was not clearly stated how much prior acupuncture the applicant had had. In an earlier note dated December 26, 2014, the applicant reported persistent complaints of shoulder pain. Six sessions of acupuncture were sought at that point in time. The applicant's work status was not clearly outlined on this date. In a July 23, 2014 applicant questionnaire, the applicant stated that she had undergone a rotator cuff repair surgery. On June 16, 2014, the applicant was given a 5-pound lifting limitation. Twelve sessions of physical therapy were endorsed at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture to left shoulder 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 1. No, the proposed six additional sessions of acupuncture is not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f, in this case, however, it appears that the applicant has, in effect, plateaued in terms of the functional improvement measures established in Section 9792.20f. A 5-pound lifting limitation has been renewed, unchanged, from visit to visit, as noted above. Multiple office visits in 2014 were all notable for comments that the applicant was returned to work with a 5-pound lifting limitation. While the applicant was seemingly working with said limitation in place, it does not appear that prior acupuncture treatment has generated requisite, ongoing improvements in function needed to justify continued treatment. Similarly, ongoing acupuncture treatment has failed to curtail the applicant's dependence on various analgesic medications, including Naprosyn and Flector. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional acupuncture is not medically necessary.

Interferential stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: 2 Similarly, the proposed interferential stimulator unit is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for purchase of an interferential stimulator device include evidence of a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. Here, the attending provider seemingly sought authorization to purchase the device without first obtaining a one-month trial of the same. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that interferential stimulators be considered on a trial basis only in applicants in whom analgesic medications are not tolerated, ineffective, and/or an applicant has a history of drug abuse which would prevent provision of analgesic medications. Here, however, there is no such history. The applicant appears to be using and tolerating oral Naprosyn and topical Flector without any impediment. Therefore, the request is not medically necessary.

