

Case Number:	CM15-0121356		
Date Assigned:	07/02/2015	Date of Injury:	10/20/2011
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic neck and upper extremity pain reportedly associated with an industrial injury of October 20, 2011. In a Utilization Review report dated June 4, 2015, the claims administrator partially approved a request for eight sessions of acupuncture as six sessions of acupuncture and apparently failed to approve a request for shoulder MRI imaging. The claims administrator referenced a May 28, 2015 RFA form and associated progress note of May 12, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note seemingly dated March 10, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and bilateral wrist pain. The note was very difficult to follow. There was no seeming mention of shoulder pain complaints. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In a handwritten note dated June 2, 2015 acupuncture was sought for ongoing complaints of neck and upper extremity pain. Once again, there was no seeming mention of the applicant having active shoulder pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 8 sessions to the left shoulder and left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for eight sessions of acupuncture for the shoulder and wrist was not medically necessary, medically appropriate, or indicated here. The eight-session course of acupuncture at issue, in and of itself, represents treatment in excess of the three to six treatments deemed necessary to produce functional improvement, per the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. A clear rationale for treatment in excess of the MTUS parameters was not furnished. The bulk of the documentation provided comprised, in large part, of preprinted checkboxes, with little in the way of narrative commentary. The request in question, furthermore, seemingly represented a renewal or extension request for acupuncture. 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 9792.20e, it did not appear that there is clear or compelling evidence of functional improvement as defined in Section 9792.20e here. The applicant was given an unchanged 10-pound lifting limitation on office visits of March 10, 2015 and June 2, 2015. It did not appear that the applicant was working with said limitations in place. The unchanged work restrictions, thus, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. The request is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Similarly, the request for MRI imaging of the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography for evaluation purposes without surgical indications is "not recommended." Here, the handwritten progress notes provided made no mention of the applicant's shoulder pain complaints. It was not clearly stated why shoulder MRI imaging was sought. There was no mention of the applicant actively considering or contemplating any kind of surgical intervention involving the shoulder based on the outcome of the study in question. Therefore, the request was not medically necessary.