

Case Number:	CM15-0124706		
Date Assigned:	07/09/2015	Date of Injury:	01/07/2015
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 57 year old female who sustained a work related injury January 7, 2015. While assisting a patient, she tripped over the foot of a chair, causing her feet to go underneath her and fall against the chair with impact to her head, neck, right shoulder, and lumbar spine. Past history included hypertension, fibromyalgia, hypoglycemia, depression, right shoulder surgery, and right carpal tunnel release. According to a primary treating physician's orthopedic evaluation, dated June 8, 2015, the injured worker presented with complaints of pain in her neck, right hand, and thoracic spine. The neck pain, rated 10/10 is constant and radiating proximally to her bilateral shoulder, primarily to the right, down to her fingers with numbness, tingling, and tenderness and limited range of motion. There is pain in her right hand, rated 10/10 described as intermittent and radiating proximally to her fingertips, including all fingers, primarily to the thumb, index, and middle associated with numbness and tingling and limited range of motion. The pain in the thoracic spine is rated 7/10, intermittent and radiating proximally to her left leg and associated with tingling, weakness and limited range of motion. Physical examination revealed; 5'4" 222.2 pounds, cervical spine range of motion is 25% of full with pain, and positive compression test. The right shoulder revealed a positive Neer's, positive 90 degree cross-over impingement test, positive Apley's, positive Hawkins-Kennedy sign and weak abduction against resistance, overall range of motion 50% of full. The thoracic spine range of motion is 30/60 degrees and right and left rotation is 20/30 degrees. Diagnoses are right shoulder impingement syndrome; right bicipital tendonitis; right acromioclavicular cartilage disorder; cervical/thoracic sprain/strain; recurrent carpal tunnel syndrome; cervical spine radiculopathy. At issue, is the request for authorization for lab work and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Collection of venous blood by venipuncture - Labwork to include CBC (complete blood panel) CRP (c-reactive protein), CPK (creatinine phosphokinase), Chem 9, Hepatic & Arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, collection of venous blood by venipuncture lab work to including CBC, CRP, CPK, Chem 9, hepatic and arthritis panel are not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are right shoulder impingement; right bicipital tendinitis; right acromioclavicular cartilage disorder; cervical spine sprain strain; thoracic spine sprain strain; recurrent right carpal tunnel syndrome; cervical spine radiculopathy; status post right carpal tunnel release 2013; and status post right shoulder arthroscopy 2012. The documentation in the medical record in addition to a peer-to-peer conference between the utilization provider and treating provider's office states the routine labs are for new patients on long-term medications. There is no specific clinical indication or rationale for the laboratory testing including the indication for CPK and arthritis panel. Consequently, absent specific clinical documentation with a clinical indication and rationale for laboratory testing, collection of venous blood by venipuncture lab work to including CBC, CRP, CPK, Chem 9, hepatic and arthritis panel are not medically necessary.

Acupuncture for Cervical, Thoracic, Upper Right Extremity, 2 times wkly for 6 wks, 12 sessions: 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) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture cervical, thoracic and right upper extremity two times per week in six weeks (12 sessions) is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The

evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are right shoulder impingement; right bicipital tendinitis; right acromioclavicular cartilage disorder; cervical spine sprain strain; thoracic spine sprain strain; recurrent right carpal tunnel syndrome; cervical spine radiculopathy; status post right carpal tunnel release 2013; and status post right shoulder arthroscopy 2012. According to a June 8, 2015 progress note, subjective complaints include neck pain, right hand and thoracic pain after a fall. The injured worker had an MRI, x-rays and physical therapy. The injured worker has not received acupuncture treatment to date. The treating provider requested 12 acupuncture sessions. The guidelines recommend an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement total of 8 to 12 visits may be clinically indicated. The treating provider exceeded the recommended guidelines by requesting 12 sessions. Consequently, absent guideline recommendations for 12 acupuncture sessions and no documentation of the clinical trial (3-4 visits), acupuncture cervical, thoracic and right upper extremity two times per week in six weeks (12 sessions) is not medically necessary.