MAXIMUS Federal Services

Case Number:	CM15-0129272		
Date Assigned:	07/16/2015	Date of Injury:	05/15/2014
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 62 year old male who sustained an industrial injury on 5/15/14. Primary treating physician's progress report dated 5/21/15 reports increasing pain in the left shoulder. Diagnoses include: left shoulder impingement syndrome; A/C joint cartilage disorder; subacromial bursitis; partial tear of rotator cuff, rotator cuff tendinitis and shoulder pain. Treatment plan includes: left shoulder arthroscopy, medical clearance for surgery, post op will need shoulder brace, micro cool machine, TENS unit, exercise kit, motorized compression pump and stockings to prevent deep vein thrombosis, physiotherapy 2 times per week for 6 weeks, acupuncture 2 times per week for 6 weeks, post op medications, informed consent. Work status: restrictions no excessive pushing, pulling or twisting, no lifting over 10 pound, no excessive use of the bilateral upper extremities, no working above or at shoulder level with bilateral arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Acupuncture two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8 & 9 Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef).The guidelines specifically report 3-6 treatments initially. As the request is for 12 visits the request is not medically necessary.

Post-Operative DVT Compression Pump with Sleeves, 2-4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Shoulder, Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case the exam notes from 5/21/15 do not justify a prior history or current risk of deep vein thrombosis to justify venous thromboembolic prophylaxis. Therefore the request is not medically necessary.