

Case Number:	CM15-0179547		
Date Assigned:	09/21/2015	Date of Injury:	09/04/2013
Decision Date:	10/26/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on 9-4-2013. Medical records indicate the worker is undergoing treatment for cervical and lumbar spine disc protrusion, right shoulder tendinitis, right carpal tunnel syndrome and anterior chest pain due to right shoulder pain. A recent progress report dated 7-16-2015, reported the injured worker complained of increased pain in the right shoulder, right wrist and neck. Physical examination revealed "right shoulder decreased range of motion". Treatment to date has included physical therapy, chiropractic care, home exercise program, and medication management. Some notes were difficult to decipher. On 7-16-2015, the Request for Authorization requested 6 sessions of acupuncture and an orthopedist consultation. On 8-17-2015; the Utilization Review noncertified the request for 6 sessions of acupuncture and an orthopedist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "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 Time to produce functional improvement: 3 to 6 treatments. In this case there was over 4 weeks of chiropractor visits requested in the prior months. Response or exact amount of sessions completed is unknown. The request for additional chiropractor sessions is not medically necessary.

Orthopedist Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant does have neck apina and decreased range of motion of the shoulder. The clinical notes do not specify a diagnosis or need for surgical intervention. There was no acute injury. The request for orthopedist is not justified and not medically necessary.