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| Case Number: | CM15-0067870 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 08/15/2011 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/09/2015 |

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

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:

This 68 year old man sustained an industrial injury on 8/15/2011 when he fell forward while carrying a metal frame. Diagnoses include cervical spine strain/sprain, left shoulder impingement, right shoulder acromioclavicular joint arthropathy, right elbow fracture, with surgical repair, right elbow lateral epicondylitis, right wrist complex tear of the triangular fibrocartilage, stress, anxiety, and depression. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 3/13/2015 show complaints of improved neck, bilateral shoulders, right elbow, and right wrist pain. Recommendations include continue physical therapy, acupuncture, TENS unit for home use, and pulley system for home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 for the cervical spine and bilateral shoulders: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Frequency and duration of acupuncture or acupuncture 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. Patient has not attended any previous acupuncture treatments and fits within the criteria for authorization set forth by the Acupuncture Medical Treatment Guidelines. I am reversing the previous utilization review decision. Acupuncture 1x6 for the cervical spine and bilateral shoulders is medically necessary.

TENS unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for TENS unit purchase following a successful one-month trial of a rental TENS unit. I am reversing the previous utilization review decision. TENS unit is medically necessary.

Additional physical therapy for the bilateral shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical therapy Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy for the bilateral shoulder and cervical spine is not medically necessary.