

Case Number:	CM15-0075205		
Date Assigned:	04/27/2015	Date of Injury:	07/31/2013
Decision Date:	05/22/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old woman sustained an industrial injury on 7/31/2013. The mechanism of injury is not detailed. Diagnoses include headaches, cervical spine herniated nucleus pulposus, right shoulder rotator cuff tear, sleep disorder, mood disorder, anxiety, insomnia, and depression. Treatment has included oral and topical medications and surgical intervention. Physician notes dated 2/9/2015 show complaints of headaches, radicular neck pain with muscle spasms rated 7/10, right shoulder pain with radiation to the fingers rated 7-8/10, right wrist pain status post-surgical intervention rated 7/10, anxiety, insomnia, and depression. Recommendations include periodic urine drug screening, neurosurgery consultation, orthopedic surgery consultation, electromyogram/nerve conduction studies of the bilateral upper extremities, pain management specialist consultation, continue shockwave therapy, continue acupuncture, neurology consultation, Terocin patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, Gabapentin, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 3 Treatments for Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Physical modalities for treatment of acute shoulder symptoms may be used. There is medium quality evidence to support extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. This injured worker has chronic shoulder pain but no radiographic or physical exam evidence of calcific tendonitis. The medical records do not substantiate medical necessity for shockwave therapy for the right shoulder.

Acupuncture 3 Times A Week over 6 Weeks of The Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 4,8-9.

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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the acupuncture would be an adjunct. Additionally, in this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for acupuncture treatments for the cervical spine.