

Case Number:	CM15-0095464		
Date Assigned:	05/22/2015	Date of Injury:	03/07/2014
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on 3/7/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder sprain/strain, right shoulder impingement syndrome, right wrist sprain/strain, right wrist cyst and bilateral plantar fasciitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, acupuncture and medication management. In a progress note dated 3/25/2015, the injured worker complains of right shoulder pain and numbness in the right wrist. Shoulder pain was rated 4-5/10-down from 5/10 and wrist pain was 5/10 which was increased from 4/10. Physical exam showed tenderness to palpation to the right shoulder, right wrist and bilateral feet. The treating physician is requesting 12 sessions of acupuncture to the right shoulder, right wrist and bilateral feet and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times per wk for 6 wks, Right Shoulder, Right Wrist & Bilateral Feet (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the right shoulder, right wrist, and bilateral feet. The current request is for Acupuncture, 2 times per wk for 6 wks, right shoulder, right wrist, & bilateral feet (12 sessions). The treating physician states, "The patient is prescribed acupuncture therapy for evaluation and treatment of the right shoulder, right wrist, and bilateral feet (outside), 2 times a week for 6 week." (4B) The Acupuncture Medical Treatment Guidelines state, "Frequency and duration of acupuncture Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Acupuncture treatments may be extended if functional improvement is documented." In this case, the treating physician has requested an amount which would exceed the recommended guidelines. While acupuncture may be beneficial for the patient; the guidelines only recommended 6 visits for the first trial. The request is not medically necessary. Recommendation is for denial.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain chapter, Urine Drug Testing.

Decision rationale: The patient presents with pain affecting the right shoulder, right wrist, and bilateral feet. The current request is for Urine Toxicology. The treating physician states, "Urine Toxicology testing is administered for medication monitoring." (4B) The ODG guidelines state for patients taking opioids that low risk patients should be tested on a yearly basis, moderate risk patients should be tested 2-3 times a year, and high risk patients should be tested once a month. In this case, the treating physician documents that the patient is currently taking Tramadol (33) but according to the physician's reports a urine toxicology is requested at every visit. The results of prior tests were not submitted for review or documented in a progress note. There is no documentation indicating that this patient would be considered a high risk patient or even a moderate risk patient. The current request is not medically necessary and the recommendation is for denial.