

Case Number:	CM15-0098828		
Date Assigned:	06/01/2015	Date of Injury:	05/06/1997
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, 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:

The applicant is a represented 58-year-old who has filed a claim for shoulder, hip and thigh pain reportedly associated with an industrial injury of May 6, 1997. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for a corticosteroid injection, 12 sessions of acupuncture, 8 sessions of physical therapy. The claims administrator referenced a RFA form received on April 20, 2015 and an associated progress note of April 3, 2015 in its determination. The claims administrator framed a request for a corticosteroid injection as a shoulder corticosteroid injection. The applicant's attorney subsequently appealed. In an April 22, 2015 RFA form 12 sessions of acupuncture, 8 sessions of physical therapy and what appeared to be a hip greater trochanteric bursa injection were sought. In an associated progress note of April 3, 2015, the applicant reported ongoing complaints of left shoulder pain, 7 to 9/10. The applicant did have superimposed diabetes. The applicant had previously received acupuncture, an H-wave device, oxycodone, and OxyContin, it was acknowledged, as well as earlier physical therapy. The applicant was given diagnosis of left hip pain status post earlier total hip arthroplasty, left hip avascular necrosis, left upper extremity complex regional pain syndrome, and hypertension. Nexium, Zofran, Voltaren gel, Tenormin, tizanidine, OxyContin, oxycodone, BuSpar were endorsed and/or continued. Acupuncture and physical therapy were sought. A shoulder subacromial bursa injection under ultrasound guidance was proposed at the bottom of the report. The attending provider did not state whether the applicant had or had not received earlier shoulder corticosteroid injection. The applicant's work and functional status were not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Side Bursa with Ultrasound: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 213; 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for left side bursa injection with ultrasound guidance was not medically necessary, medically appropriate, or indicated here. The progress note of April 3, 2015 suggested that the request in question represented a request for shoulder corticosteroid injection, while, somewhat incongruously, an April 20, 2015 RFA form stated that the attending provider was seeking authorization for a hip corticosteroid injection. The MTUS Guidelines in ACOEM Chapter 9, Table 9-6 page 216 notes that prolonged or frequent use of cortisone injections about the shoulder joint or into the subacromial space is deemed "not recommended." Here, the applicant was some 18 years removed from the date of the injury as of the date of the request. It was not clearly stated how many prior shoulder corticosteroid injections the applicant had had. The attending provider's April 3, 2015 progress note did not clearly relate what treatment and/or treatments had transpired through this point in time. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some consideration of "comorbid conditions" into his choice of recommendations. Here, however, the attending provider did not clearly state why he was seeking corticosteroid injection therapy in this diabetic applicant. The attending provider did not seemingly discuss the risks and benefits of pursuing corticosteroid injection therapy in the face of the applicant's carrying a comorbid condition of diabetes. Therefore, the request was not medically necessary.

Acupuncture 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The 12session course of acupuncture at issue, in and of itself, represents treatment well in excess of three to six treatments deemed necessary to produce functional improvement, per the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. The attending provider failed to furnish or clear compelling rationale for treatment so far in excess of MTUS parameters. The applicant's response to earlier acupuncture was not clearly described or detailed. However, the fact that the

applicant remained dependent on so many different analgesic and adjuvant medications, including OxyContin, oxycodone, tizanidine, Voltaren gel, etc., suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for an additional 12 sessions of acupuncture was likewise not medically necessary.

Physical Therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Finally, the request for eight sessions of physical therapy was likewise not medically necessary, medically appropriate or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 24 sessions of treatment for reflex sympathetic dystrophy (RSD), i.e., the principal operating diagnosis here. This recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status was not clearly detailed or characterized on the April 3, 2015 progress note at issue. It did not appear, however, the applicant was working on that date. Earlier physical therapy had failed to curtail the applicant's dependence on opioid agents such as OxyContin and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.