MAXIMUS Federal Services

| Case Number: | CM13-0007693 | | |
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| Date Assigned: | 12/04/2013 | Date of Injury: | 05/31/2012 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 07/23/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 physician 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/services.

## 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 patient is a 57 year-old with a date of injury of 05/31/12. A progress report associated with the request for services, dated 07/01/13, identified subjective complaints of chronic pain and increased anxiety related to return to work. Objective findings were not documented during the visit. A progress report from a 05/17/13 visit revealed ongoing pain in the shoulder radiating into the right arm. An MRI on 03/04/13 showed bursitis of the shoulder without evidence of a rotator cuff tear. Diagnoses included lumbar disc disease and adhesive capsulitis of the shoulder. Treatment has included oral NSAIDs and what appears to be 11 physical therapy sessions in October-November of 2012. She apparently injured her shoulder during a physical therapy session. She has not had any surgery on the shoulder or back. A Utilization Review determination was rendered on 07/23/13 recommending non-certification of "Physical therapy x 8 to right shoulder/lumbar; Acupuncture x 6 to right shoulder/lumbar; Pain psychology x 8 visits".

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x8 to right shoulder/lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. In this case, the patient received prior physical therapy without evidence of functional improvement. Recommendations are for fading of treatment frequency. Likewise, there is no limited documentation for the home therapy component of this approach. Therefore, the record does not document the medical necessity for 8 sessions of physical therapy.

**Acupuncture x6 to right shoulder/lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated. It further states that 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 frequency and duration of acupuncture is listed as: - Time to produce functional improvement: 3 to 6 treatments. - Frequency: 1 to 3 times per week. - Optimum duration: 1 to 2 months. It is noted that acupuncture treatments may be extended if functional improvement is documented. In this case, there is no documentation that the patient's medication (diclofenac) is to be reduced or is not tolerated. Therefore, there is no documented medical necessity for acupuncture

**Pain psychology x8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that psychological evaluations are recommended. They are well-established diagnostic procedures for selected pain problems as well as widespread use in chronic pain populations. Psychological treatment is recommended for appropriately identified patients during treatment of pain. Specific steps are listed for treatment, but no frequency or duration of treatment is specified. The original denial of services supported psychological treatment pending the results of an initial psychological evaluation. There is no documentation of an initial psychological assessment and therefore not yet documented medical necessity for 8 treatments.