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| Case Number: | CM13-0009694 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 06/07/2012 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 08/12/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male who had a work injury dated 6/7/12. The diagnoses include headaches, cervical sprain/strain rule out cervical disc protrusion, bilateral shoulder sprain/strain, status post nasal surgery x 2. Under consideration are requests for physical therapy/acupuncture two (2) times a week for four (4) weeks for cervical and bilateral shoulders; bilateral shoulder MRI. There is a 7/18/13 orthopedic agreed medical evaluation that states that the patient complains of neck pain shoulder pain. The patient reports constant right shoulder pain which is located over the upper arm. The pain radiates to the neck and down the arm. There is associated popping, heaviness, soreness and swelling. The patient indicates that the character of the pain is achy, stabbing and tingling. The patient reports constant left shoulder pain which is located over the upper arm. The pain radiates to the neck and down the arm. There is associated popping, heaviness, soreness and swelling. The patient indicates that the character of the pain is achy, stabbing and tingling. On examination, the patient is a well-developed, well-nourished right handed male who appears his stated age. The patient is cooperative, alert, responsive and in no acute distress. There is tenderness and hypertonicity upon palpation of the cervical paravertebral muscles and upper trapezius musculature. There is decreased cervical spine range of motion. There are positive bilateral shoulder and cervical compression tests. There is decreased bilateral shoulder internal and external rotation, flexion and extension. There are positive bilateral shoulder impingement signs. There are negative supraspinatus, Yergason Speed and apprehension signs. The bilateral C5-T1 myotomes are 5/5 in strength and the reflexes are 2/4 in the bilateral triceps, biceps, brachioradialis. The sensory examination reveals diminished sensation to light touch in the C5-T1 nerve root distribution of the left upper extremity. The treatment plan includes a request for authorization for the patient to undergo a course of acupuncture for pain control in

the cervical spine and bilateral shoulders 2 times a week for 4 weeks. There are requests for physical therapy regimen 2 times a week for 4 weeks, to improve range of motion and increase strength and flexibility of the cervical spine and bilateral shoulders musculoligamentous structure, and non-contrast MRI scans of the bilateral shoulders, to confirm suspected tendinopathy and impingement. The patient is working full active duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY/ACUPUNCTURE, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR CERVICAL AND BILATERAL SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical therapy/acupuncture, two (2) times a week for four (4) weeks for cervical and bilateral shoulders is not medically necessary per the MTUS Guidelines. The MTUS guidelines states that acupuncture may be used as an adjunct to physical rehabilitation. The guidelines state that the time to produce functional improvement for acupuncture is 3 to 6 treatments and that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The request as written exceeds the guideline recommendations for an acupuncture. The request for physical therapy for the cervical area and shoulders is reasonable but the request asks for both physical therapy and acupuncture together which exceeds the acupuncture trial duration guidelines. Therefore the entire request for physical therapy/acupuncture, two (2) times a week for four (4) weeks for cervical and bilateral shoulders is not medically necessary.

MRI - BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: MRI of the bilateral shoulders is not medically necessary per the MTUS Guideines. The guidelines recommend a shoulder MRI when there is evidence of emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon);fFailure to progress in a strengthening program intended to avoid surgery;clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment).The documentation does not

reveal any of the above criteria for ordering a shoulder MRI therefore the request for MRI of the bilateral shoulders is not medically necessary.