

Case Number:	CM13-0012200		
Date Assigned:	01/03/2014	Date of Injury:	12/02/2010
Decision Date:	04/04/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/16/2013

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 Occupational and is licensed to practice in California. 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. 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 applicant is a [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; five sessions of acupuncture through October 10, 2013, per the attending provider; and reported return to part-time work. In a physical therapy progress note of July 24, 2013, it is stated that the applicant is working part-time modified duty work as a massage therapist, performing four massages a day. In a clinical progress note of October 10, 2013, the applicant presents with worsening low back and shoulder pain. The applicant is on over-the-counter Motrin for pain relief. The applicant has reportedly ceased smoking. The applicant exhibits tenderness about the shoulder with abduction limited to 150 degrees secondary to pain. Well-preserved strength is noted. The applicant is asked to pursue 6 sessions of acupuncture and 12 sessions of physical therapy. It is stated that the applicant has had five sessions of acupuncture in the past. It is stated that the applicant only had three sessions of physical therapy originally and never had a former physical therapy course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement. In this case, the applicant has demonstrated functional improvement by successfully returning to work. The applicant's physical therapist has stated that the applicant has returned to part-time modified work while the applicant's primary treating provider states that the applicant has returned to full-time work. In any case, the applicant has seemingly achieved the requisite functional improvement as evidenced by her successful return to some form of work and her usage of only over-the-counter analgesic, ibuprofen. Continuing acupuncture is indicated, appropriate, and supported by the applicant's achieving functional improvement with five prior sessions of acupuncture. Therefore, the request is certified as written.

Physical Therapy 2x6: Upheld

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

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

Decision rationale: In this case, the request for 12 sessions of treatment does represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further recommend tapering or fading the frequency of treatment over time and emphasizing active therapy, active modalities, and self-directed home physical medicine. In this case, the extended, protracted 12-session course of treatment proposed by the attending provider does not conform to MTUS parameters. Therefore, the request is not certified, on independent medical review.