MAXIMUS Federal Services

Case Number:	CM13-0018890		
Date Assigned:	10/11/2013	Date of Injury:	07/23/2012
Decision Date:	01/13/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine & Rehabilitation 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 date of injury in this case is 07/23/2012. This patient is a 54-year-old man who was injured in a motor vehicle accident. The treating diagnoses include cervical spondylitic radiculopathy at C5-6 and C6-7, cervical strain, and right shoulder derangement. A prior physician review noted that an MRI of the right shoulder demonstrated global rotator cuff arthropathy with osteoarthritic changes, and the treatment guidelines recommend 8-10 visits of physical therapy for mild myositis. Therefore, the request for physical therapy was modified as to the number of sessions. This review also recommended modification of acupuncture to once per week for 4 weeks to coincide with physical therapy. This physician review noted that this request is the initial physical therapy request for the current treating physician. The medical records indicate that this patient additionally received therapy prior to being treated by this provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 sessions of physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend to allow for fading of treatment frequency plus active self-directed home physical medicine. By the time of the evaluation by the current provider, the patient would have been anticipated to have transitioned to an independent active home rehabilitation program. If additional supervised physical therapy were desired by this provider, then it would have been appropriate per the guidelines for the provider to have established specific methods and goals to distinguish this therapy from prior therapy, including a review of past therapy records to clarify the distinction between prior therapy and the currently requested therapy. The medical records do not contain this level of detail. Overall, in this situation the guidelines and records do not support an indication or appropriate goals for additional physical therapy. The request for 12 sessions of physical therapy is not medically necessary and appropriate.

The request for six sessions of acupuncture for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option, as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments. Acupuncture thus is intended as part of the active functional restorative phase of treatment. It is not clear in the medical records what the functional restorative goals are of acupuncture or how this fits in with the patient's treatment goals in this chronic phase. Overall, the records and guidelines do not support an indication for acupuncture at this time. The request for six sessions of acupuncture is not medically necessary and appropriate.