

Case Number:	CM13-0031956		
Date Assigned:	12/04/2013	Date of Injury:	01/13/2011
Decision Date:	01/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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 and 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.

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 60-year-old female who reported an injury on 01/13/2011 after a fall causing injury to her cervical and lumbar regions and right shoulder. The patient was initially treated with physical therapy and medications followed by psychiatric support. The patient underwent MRI and electrodiagnostic study that revealed positive findings. The patient underwent surgical intervention for the right shoulder and was treated postoperatively with physical therapy. The patient's most recent physical exam findings revealed tenderness and spasms to the cervical and lumbar areas; 3/5 to 4/5 weakness of the right shoulder. The patient's diagnoses included degenerative disc disease, chronic pain of the cervical spine, and right shoulder pain. The patient's treatment plan included continuation of physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture for unspecified frequency and duration for the right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested outpatient acupuncture for unspecified frequency and duration for the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient continues to have deficits related to

surgical intervention of the right shoulder. The clinical documentation also indicates the patient has participated in a course of postoperative physical therapy that has failed to completely resolve the patient's deficits. California Medical Treatment Utilization Schedule does recommend the use of acupuncture in combination with physical therapy to assist with functional progression. However, the duration and frequency being requested is not clearly identified. California Medical Treatment Utilization Schedule recommends a trial of 6 visits to allow for reassessment of functional improvement. As there is no way to clearly identify the requested duration and frequency of the treatment, the requested acupuncture for unspecified frequency and duration for the right shoulder is not medically necessary or appropriate.

Outpatient physical therapy for unspecified frequency and duration for the right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The requested outpatient physical therapy for unspecified frequency and duration for the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient has participated in physical therapy that has failed to completely resolve the patient's weakness and range of motion deficits postsurgically. California Medical Treatment Utilization Schedule does recommend up to 24 visits of postsurgical physical therapy for this type of surgical intervention. However, the clinical documentation submitted for review does not clearly identify the number of physical therapy visits the patient has already participated in. Although continuation of physical therapy extending beyond guideline recommendations may be supported, the request as it is written does not include frequency and duration to allow for free assessment for functional improvement to support continuation of physical therapy. As such, the requested outpatient physical therapy for unspecified frequency and duration for the right shoulder is not medically necessary or appropriate