

Case Number:	CM13-0038352		
Date Assigned:	12/18/2013	Date of Injury:	05/11/2009
Decision Date:	02/24/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/25/2013

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 Anesthesiology and Pain 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. 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 44-year-old male who reported an injury on 05/11/2009 due to a fall, causing injury to the right shoulder. The patient also developed cervical and lumbar pain as a result of the fall. Prior treatments included medications, acupuncture, physical therapy, a TENS unit, topical analgesics, psychiatric support, pain management, injection therapy, and surgical intervention. The patient's most recent clinical evaluation documented that the patient had 7/10 pain for multiple body parts. Physical findings included tenderness to palpation along the cervical and lumbar musculature and right shoulder and bilateral knees. The patient's diagnoses included cephalgia, right rotator cuff syndrome, and intervertebral disc disease with radiculopathy of the cervical spine and lumbar spine. The patient's treatment plan included physiotherapy, acupuncture, an MRI of the cervical spine and bilateral knees, and LINT therapy for the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 1 x 6 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously participated in acupuncture therapy. However, no objective functional gains were provided as a result of that prior therapy. California Medical Treatment Utilization Schedule recommends acupuncture therapy as an adjunct therapy to an active therapy program, and continued therapy must be based on objective functional improvements. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program that would benefit from the addition of acupuncture. Additionally, as there are no documented objective functional gains as a result of prior therapy, continued acupuncture would not be supported. As such, the requested Acupuncture 1 x 6 is not medically necessary or appropriate.

Extracorporeal shockwave therapy 1 x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Shock wave treatment.

Decision rationale: The requested ESWT 1 x 6 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient's pain has failed to respond to several treatment modalities. However, Official Disability Guidelines do not recommend the use of shockwave therapy as there is not adequate scientific evidence to support the efficacy of this treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested ESWT 1 x 6 is not medically necessary or appropriate.

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 6, page 163.

Decision rationale: The requested Pain Management Consult is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any recent evidence of medications or that the patient meets any criteria for further injection therapy. The American College of Occupational and Environmental Medicine recommends specialty consultations when additional expertise would assist in the patient's treatment planning. However, there is no documentation to support the need for this kind of treatment. The most recent clinical documentation does not clearly identify how a pain management specialist would

contribute to the patient's treatment planning. As such, the requested Pain Management Consult is not medically necessary or appropriate.

Chiro/Physiotherapy 1 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Physical medicine Page(s): 58, 98-99.

Decision rationale: The requested Chiro/Physiotherapy 1 x 6 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously participated in physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any recent evidence that the patient is participating in a home exercise program. Although a short course of therapy may be indicated to re-educate and re-establish a home exercise program for the patient, the requested 6 visits would be considered excessive. Additionally, there is no documentation that the patient's prior therapy provided significant functional benefit. Therefore, additional physical therapy would not be recommended. As such, the requested Chiro/Physiotherapy 1 x 6 is not medically necessary or appropriate.