

Case Number:	CM13-0039087		
Date Assigned:	12/18/2013	Date of Injury:	01/21/2010
Decision Date:	02/19/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/03/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 claimant is a 35-year-old patient who sustained a work related injury on January 21 2010. She subsequently developed chronic neck and left shoulder pain. She underwent left shoulder surgery on July 2010 complicated by left arthrofibrosis for which she underwent manipulation under anesthesia on October 20 2010. Subsequently, she developed rotator cuff syndrome, neck, lower back and ankle pain. She was treated with physical therapy, acupuncture and massage therapy and energy healing. According to the note of November 4 2013, the provider reported improvement of her condition with conservative therapies her physical examination on October 3 2013 showed neck pain on motion. The provider requested authorization to prescribe the conservative therapies mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Complementary and Alternative Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31, 99-100.

Decision rationale: Physical therapy indication was addressed in 2 sections of MTUS guidelines: the first section was Chronic pain programs (functional restoration programs), < Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. (Flor, 1992) (Gallagher, 1999) (Guzman, 2001) (Gross, 2005) (Sullivan, 2005) (Dysvik, 2005) (Airaksinen, 2006) (Schonstein, 2003) (Sanders, 2005)(Patrick, 2004) (Buchner, 2006) Unfortunately, being a claimant may be a predictor of poor long-term outcomes. (Robinson, 2004) These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. (Gatchel, 2005) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003). The second section is Physical Medicine: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue

Request for acupuncture treatment sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Complementary and Alternative Medicine

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, and in section 9792.24.1. Acupuncture Medical Treatment Guidelines. <(a) As used in this section, the following definitions apply:(1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional

recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 month>. The patient medical records indicated that the shoulder reached maximum improvement. It is not clear what is the goal of more acupuncture and whether expecting more improvement is realistic. It is unlikely that more improvement will occur. Therefore, the prescription of acupuncture treatment sessions is not medically necessary.

Request for energetic healing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Complementary and Alternative Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Slater, V. E. (1995). "Toward an understanding of energetic healing, Part 2: Energetic processes." J Holist Nurs 13(3): 225-238

Decision rationale: MTUS guidelines are silent regarding energetic healing. There are no controlled studies supporting the efficacy of energetic healing in pain management. Furthermore, there the shoulder reached maximum improvement and it is unlikely that energy healing will further improve the patient. Therefore, the prescription of energetic healing is not medically necessary.

Request for psyche visits 1 x 6 for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Complementary and Alternative Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. If there is need for psychological evaluation for the patient condition, the number of interventions should be determined by the psychiatry consultant. In addition, the requesting physician should provide a documentation supporting the medical necessity for a psych evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Because the patient reached maximum improvement for her shoulder, it is unlikely that psych consultations will improve the patient condition. Therefore, the request for psyche visits 1 x 6 for left shoulder is not medically necessary.