

Case Number:	CM13-0041665		
Date Assigned:	12/20/2013	Date of Injury:	08/12/2012
Decision Date:	04/22/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 53 year old female with an injury date on 08/12/12. Based on the 09/06/13 progress report provided by [REDACTED], the patient's diagnosis are right shoulder pain and bilateral hand pain both types of pain having numbness, tingling, and weakness. The patient also has right shoulder adhesive capsulitis, right shoulder subacromial bursitis, and a sprain/strain of the bilateral hands. "She complains of a 4/10 pain in her right shoulder and bilateral hands." An electrodiagnostic exam of the cervical spine and upper extremities completed on 09/24/13 "showed no evidence of cervical radiculopathy or any focal peripheral nerve compression." An MRI of the right shoulder completed on 09/21/13 showed acromioclavicular osteoarthritis, subchondral cyst formation within the humeral head, supraspinatus tendinitis, and infraspinatus tendinitis. [REDACTED] is the requesting the following: 1) Acupuncture treatment up to 6 sessions 2) Chiropractic/physical therapy (PT) x 24 sessions 3) TENS unit The utilization review determination being challenged is dated 10/18/13 and recommends denial of the acupuncture, chiropractic/physical therapy, and the TENS unit. [REDACTED] is the requesting provider, and he provided treatment reports from 04/30/13- 09/06/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENT, UP TO 6 SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 09/06/13 progress report provided by [REDACTED], the patient presents with right shoulder adhesive capsulitis, right shoulder subacromial bursitis, and a sprain/strain of the bilateral hands. The request is for 6 sessions of acupuncture treatment. Review of the reports do not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. The request was denied by utilization review letter dated 10/18/13. The rationale was that "the claimant has a history of physical therapy without objective documentation of improvement. The request for would not be supported without objective documentation of prior response to physical therapy or failure of physical therapy." When reading MTUS for acupuncture, prior response to therapy is not pre-requisite to a trial of acupuncture. For shoulder pain, MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Given that this patient has not tried acupuncture in the past, recommendation is for authorization.

CHIROPRACTIC / PHYSICAL THERAPY (PT) X 24 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 98-99.

Decision rationale: According to the 09/06/13 progress report provided by [REDACTED], the patient presents with right shoulder adhesive capsulitis, right shoulder subacromial bursitis, and a sprain/strain of the bilateral hands. The request is for 24 sessions of chiropractic/physical therapy sessions. On 06/11/13 progress report by [REDACTED], the patient "says she is finished with therapy, [and it] seemed to help her." However, there is no documentation of improvement with this physical therapy. The request was denied by utilization review letter dated 10/18/13. The rationale was that "the claimant has had an unspecified amount of prior chiropractic/physical therapy without objective documentation of response." Review of the reports do not specify the amount of any prior chiropractic/physical therapy sessions nor the time frame of when those sessions were provided. There is also no documentation of improvement. Without this information, one cannot consider additional treatments. While MTUS guidelines allow up to 18 sessions of chiropractic treatments following initial trial of 3-6, in this case, chiropractic therapy treatment history is not known. MTUS page 8 also requires that the provider monitor the treatment progress to determine appropriate course of treatments. Furthermore, the requested 24 sessions exceed what is allowed by MTUS for a trial of 3-6 sessions if none were tried before, and up to 18 sessions if initial trial proves to result in functional improvement. Recommendation is for denial.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 114-116.

Decision rationale: According to the 09/06/13 progress report provided by [REDACTED], the patient presents with right shoulder adhesive capsulitis, right shoulder subacromial bursitis, and a sprain/strain of the bilateral hands. The request is for a TENS unit. The request was denied by utilization review letter dated 10/18/13. The rationale was that "there is no documentation of objective improvement, including decreased pain scores, decreased pain medication use, or increased function with prior TENS unit to support the use or need for a home rental unit at this time." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. In this case, the patient presents with chronic shoulder pain for which the use of TENS unit is not indicated according to MTUS. Furthermore, there is no documentation that a one-month trial has been done to determine its efficacy. Recommendation is for denial.