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| Case Number: | CM13-0047266 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/19/2012 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

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 Orthopedic Surgery, 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:

This is a 41-year-old female who sustained a neck and right shoulder injury on 10/16/11. A clinical follow up report on 08/20/13 by [REDACTED] documented that the claimant was diagnosed with shoulder impingement status post subacromial decompression on 04/03/13 with a cervical herniated disc. [REDACTED] documented that the claimant continued with complaints of pain and had been utilizing an H-wave device with physical therapy with "some help." Objectively, there was noted to be 160 degrees of forward flexion with positive Hawkins' testing and a cervical examination showed a positive Spurling's test. Recommendations at that time were for an MRI of the cervical spine, physical therapy for the right shoulder for 12 additional sessions, and 12 sessions of cervical acupuncture. There is a current request for a repeat MRI of the right shoulder, 12 sessions of acupuncture to the shoulder, and 12 additional sessions of formal physical therapy. It was noted at the time of the 08/20/13 assessment, the claimant had attended 28 sessions of postoperative therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Further Physical Therapy Sessions for the Right Shoulder 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS postsurgical rehabilitative 2009 guidelines, continued therapy to the shoulder for 12 visits would not be indicated. The claimant is now 10 months following the time of operative procedure and has already undergone 28 sessions of formal physical therapy as of August 2013. The CA MTUS postsurgical rehabilitative guideline criteria would only recommend the role of up to 24 sessions of therapy in the postoperative setting within a postsurgical physical medicine treatment period of six months. The specific request in this case exceeds the recommended guidelines and cannot be supported.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: Based on California ACOEM guidelines, an MRI of the shoulder also would not be indicated. While the claimant is noted to be status post an arthroscopic subacromial decompression, there are no current physical examination findings indicative of a new injury, internal derangement, or clinical findings that would support the need for further imaging. The claimant is documented to have full motor strength and essentially full range of motion. Without physiological evidence of tissue insult or dysfunction, the request for an MRI of the right shoulder would not be supported.

Acupuncture Sessions 2x6 to the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on MTUS Acupuncture Guidelines, 12 sessions of acupuncture would not be supported. The MTUS Acupuncture Guidelines in regard to use of acupuncture in the chronic pain setting indicate three to six sessions to demonstrate functional improvement with optimal duration of one to two months. The specific request for 12 initial sessions of acupuncture would exceed guideline parameters and would not be indicated at present.