

Case Number:	CM13-0058129		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2011
Decision Date:	07/23/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 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:

This patient sustained an injury on 10/27/11 while employed by [REDACTED]. Request under consideration include additional physical therapy and acupuncture visits. Report of 8/22/13 from the chiropractic provider noted the patient with complaints of neck pain/stiffness and left shoulder pain s/p left shoulder arthroscopy on 7/23/13. Exam showed cervical spine with tenderness to palpation of bilateral upper trapezii, paravertebral muscles and spinous processes; positive bilateral shoulder depression; left shoulder with TTP of AC joint, anterior shoulder and supraspinatus with healed surgical scar and mild swelling. Diagnoses included Cervical sprain/strain/radiculopathy; Left shoulder impingement s/p surgery. Utilization letter of 11/8/13 noted request for the treator to provide medical information and reports; however, none received. The request for additional physical therapy and acupuncture visits were non-certified on 11/14/13 citing guidelines criteria and lack of medical necessity. Report of 12/5/13 from the provider noted patient with unchanged neck and left shoulder pain with essentially identical objective findings and diagnoses as report of 8/22/13 prior without any new information regarding total number of physical therapy and acupuncture visits along with evidence of functional benefit if any derived for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient sustained an injury on 10/27/11 while employed by [REDACTED]. Request under consideration include additional physical therapy and acupuncture visits. Report of 8/22/13 from the chiropractic provider noted the patient with complaints of neck pain/stiffness and left shoulder pain s/p left shoulder arthroscopy on 7/23/13. Exam showed cervical spine with tenderness to palpation of bilateral upper trapezii, paravertebral muscles and spinous processes; positive bilateral shoulder depression; left shoulder with TTP of AC joint, anterior shoulder and supraspinatus with healed surgical scar and mild swelling. Diagnoses included Cervical sprain/ strain/ radiculopathy; Left shoulder impingement s/p surgery. Utilization letter of 11/8/13 noted request for the treater to provide medical information and reports; however, none received. The request for additional physical therapy and acupuncture visits were non-certified on 11/14/13 citing guidelines criteria and lack of medical necessity. Report of 12/5/13 from the provider noted patient with unchanged neck and left shoulder pain with essentially identical objective findings and diagnoses as report of 8/22/13 prior without any new information regarding total number of physical therapy and acupuncture visits along with evidence of functional benefit if any derived for treatment. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many physical therapy sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without neurological compromise or red-flag findings to support further treatment. The additional physical therapy is not medically necessary and appropriate.

Acupuncture visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

Decision rationale: This patient sustained an injury on 10/27/11 while employed by [REDACTED]. Request under consideration include additional physical therapy and acupuncture visits. Report of 8/22/13 from the chiropractic provider noted the patient with complaints of neck pain/stiffness and left shoulder pain s/p left shoulder arthroscopy on 7/23/13. Exam showed

cervical spine with tenderness to palpation of bilateral upper trapezii, paravertebral muscles and spinous processes; positive bilateral shoulder depression; left shoulder with TTP of AC joint, anterior shoulder and supraspinatus with healed surgical scar and mild swelling. Diagnoses included Cervical sprain/ strain/ radiculopathy; Left shoulder impingement s/p surgery. Utilization letter of 11/8/13 noted request for the treater to provide medical information and reports; however, none received. The request for additional physical therapy and acupuncture visits were non-certified on 11/14/13 citing guidelines criteria and lack of medical necessity. Report of 12/5/13 from the provider noted patient with unchanged neck and left shoulder pain with essentially identical objective findings and diagnoses as report of 8/22/13 prior without any new information regarding total number of physical therapy and acupuncture visits along with evidence of functional benefit if any derived for treatment. Current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2011 injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach. The acupuncture visits are not medically necessary and appropriate.