

<b>Case Number:</b>	CM13-0066559		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Pain Management, 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:

This is a 61 year-old male who was injured on 2/17/2011. He has been diagnosed with cervical and lumbar strains and radiculopathy, knee and wrist tendonitis/bursitis, and lateral meniscus tear. According to the 11/6/13 orthopedic report from [REDACTED], the patient presents status post (s/p) right shoulder surgery from July 2013, and the wound is healed without signs of infection. He has had 8 sessions of post-op PT for the right shoudler and has decreased pain and improved function. He reports a flare-up and [REDACTED] requests additional 16 sessions of PT. and 6-sessions of acupuncture. The 7/30/13 operative report shows arthroscopic subacromial decompression and glenoid chondroplasty

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIXTEEN (16) POST OPERATIVE PHYSICAL THERAPY VISITS FOR RIGHT SHOULDER.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient underwent subacromial decompression on 7/30/13 and as of 11/6/13 had 8 PT sessions with some improvement in pain and function. The MTUS post-

surgical guidelines state the post-surgical physical medicine treatment timeframe is 6-months. They state the general course of care is 24 visits. The patient has had 8 sessions with improvement, the additional 16 visits would be in accordance with the post-surgical treatment guidelines, general course of care. Sixteen (16) Post Operative Physical Therapy Visits for right shoulder are medically necessary and appropriate.

**SIX (6) ACUPUNCTURE VISITS FOR RIGHT SHOULDER.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient underwent subacromial decompression on 7/30/13 and as of 11/6/13 had 8 Physical Therapy (PT) sessions with some improvement in pain and function. The surgeon requested additional PT and wanted to use acupuncture as an adjunct to the PT. The MTUS acupuncture treatment guidelines, state that if acupuncture is going to be effective, there will be some evidence of functional improvement within 3-6 visits. The initial request for acupuncture x6 sessions is in accordance with the MTUS/acupuncture treatment guidelines and is medically and appropriate.