

Case Number:	CM13-0070364		
Date Assigned:	01/03/2014	Date of Injury:	11/12/2001
Decision Date:	04/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 Pain Management and is licensed to practice in California and Virginia. 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 65 year old male who was injured on 11/12/2001 and underwent right shoulder reconstruction. As of 11/15/2013, the medications included: Ambien 10 mg, Cyclobenzaprine 10 mg, Glipizide 5 mg, Prevacid 30 mg, Elavil (Amitriptyline) 10 mg. A report dated 11/15/2013 documented the patient continued to have pain in the right shoulder/neck. She was attending physical therapy and had completed almost all authorized therapy. The patient is requesting additional physical therapy and this is also recommended by the therapist. The physical therapist is also requesting acupuncture to be performed concurrently with physical therapy for pain relief. On examination of the right shoulder, her upper trapezius was moderately tender to palpation. The shape, bulk, contour, and tone of the shoulder girdle were normal. The range of motion of the right shoulder was limited in abduction at 90 degrees. Weakness of the muscles of the right rotator cuff was noted on strength testing. The patient had a negative drop arm test.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE (9 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Guidelines, acupuncture is recommended 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. The medical records document that the patient has already received 6 sessions of acupuncture with electrical stimulation in the lower back. The patient is not actively on any physical therapy. Therefore, the requested acupuncture is not medically necessary or appropriate at this time.

PHYSICAL THERAPY (9 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to the California MTUS Guidelines, postsurgical physical therapy is recommended as a rehabilitation treatment plan after arthroplasty. Physical therapy is recommended at 24 sessions over 10 weeks following surgery. The medical records document that the patient had right shoulder reverse total shoulder arthroplasty on 6/11/2013. After surgery she started physical therapy sessions on 6/24/2013. She had 26 sessions over a 12 week duration; the patient had reduced pain, was able to complete her activities of daily living with some difficulty, had difficulty reaching the opposite axilla and was unable to complete hygiene (reaching behind back). This patient has already exceeded the 24 visits over 10 weeks. Therefore, the requested physical therapy is not medically necessary or appropriate at this time.